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Journal
of
Social Hygiene

INDEX

VOLUME 31

1945

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Social Hygiene and the Coming Peacetime

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NO. 1

Social Hygiene and the Coming Peacetime

EDITORIAL

KEYS TO VICTORY IN THE SOCIAL HYGIENE CAMPAIGN

Victory over the venereal diseases, as one of the major objectives of the social hygiene campaign, is essential for the health and welfare of the nation, whether in war or peace. Everyone is agreed on that. Not everyone is agreed on how this victory is to be achieved. The best informed military and civilian leaders, however, believe that it is now necessary to secure the support of what may be described as a series of "key positions" in the battle strategy of this campaign:

1. Home—as the center of family life and influences moulding character, protecting the young, sheltering the aged.
2. Church—as a moral and religious force, enriching personal life and community living.
3. School—as an institution for aiding and training the child to acquire knowledge and to understand human relations, and for equipping himself for mature and useful citizenship.
4. Occupation—as a foundation for economic independence and individual success.
5. Health and medical care—for all the people.
6. Social protection—of youth, and guidance of both the weak and the strong for community welfare.
7. Law and order—for justice and united action in preventing exploitation of individuals and in conserving established standards of conduct.

Details of the advance from these "key positions" and the needs of the four major battle sectors—medical, legal, welfare, moral—are to be found in the notable articles published in this number of the JOURNAL. In line with this program we may confidently go forward into the coming peacetime years with courage for the battle and faith in a victorious outcome.

An unseen enemy has a great advantage over his opponent. The young Colonial officer George Washington proved this when he adopted the Indian methods of fighting from tree to tree in the early days of our history; and our resourceful officers and men, camouflaged in white, are proving it again today in the snow-covered forests and fields of Europe. So long as the spirochete of syphilis and the germ causing gonorrhea could remain invisible under the microscope and could avoid other methods of detection, their opportunities of invading and destroying human bodies were beyond control. But when science discovered how to suspect and detect their presence, the steady march towards victory over them began. Discoveries of better methods of treatment followed; improvements developed steadily in ways of finding infected persons, in persuading them to remain under treatment, and in securing their cooperation in avoiding infection of others. Public health facilities and measures were devised and adapted to practical use.

Now, that all these methods have grown in strength and use to their present-day high efficiency, the only chance that the venereal diseases have of remaining in the top bracket of deadly insidious infections is to spread faster than their victims can be found and treated. This means that the armies of the medical and public health services, defending their vital "key position," must be reinforced by armies taking other key positions in education, social protection, and law enforcement. These will safeguard the non-infected people—young and old—in every walk of life; and control when necessary those who consciously or unconsciously aid and abet the enemy by their actions, their conversations or their indifference to the infiltration of enemy agents into our communities.

It may seem inappropriate to parallel the organization of armies and the tragedies of war with the age-long fight against these diseases. But to anyone who has witnessed the latter, or fought in the ranks, or suffered the results, the picture is not overdrawn. The battle casualties and deaths are, as a matter of fact, even more numerous; not to speak of the human misery, broken homes, and failures of others who neither die nor become helpless invalids, but who nonetheless have their lives ruined by these infections.

In 1945 the challenge lies before us to recruit to full strength and throw into the battle the community character-building forces of the home, the church, the school, and agencies for promoting satisfying recreational and occupational pursuits for all the people. With this added help we can greatly reduce the number of exposures to infection and to conditions which favor its spread.

And after 1945? If we can hold all these "key positions" and move forward by training and protecting the children of the present generation we may count on a straight road to victory, not only over syphilis and gonorrhea, but over the even more tragic and undermining social ills resulting from sexual conduct which the history of the human race shows to be destructive of family life and happiness.

WILLIAM F. SNOW, M.D.

EDITOR'S NOTE

The papers by Dr. Heller, Colonel Sternberg and Captain Larimore, Commander Schwartz and Mr. McCloskey, which appear in pages 16 to 51 of this issue of the JOURNAL OF SOCIAL HYGIENE, and the *Report* by Dr. Snow and Dr. Hazen, pages 52 to 61, were presented during the program of the National Conference on Postwar Venereal Disease Control held under the auspices of the United States Public Health Service at St. Louis, November 9-11, 1944. The JOURNAL's Editors wish to express to the Service and to the authors their appreciation of the privilege of publishing for our readers this valuable material,* together with the *Digests* of the other main papers of the Conference, as prepared by the Venereal Disease Division's staff and included in the *Supplement* to this issue.

The full Proceedings of the Conference, including the text of these addresses and the discussions which followed them, will be published shortly as a *Supplement* to the Public Health Service's periodical *Venereal Disease Information*, and will be available also as a separate publication from the Government Printing Office, Washington, D. C. A limited number of copies of the Proceedings will be available also to members and affiliated social hygiene groups on request to the American Social Hygiene Association's Publication Service, 1790 Broadway, New York.

* Special acknowledgement is made to the Journal of the American Medical Association for permission to print here the Sternberg-Larimore paper, *Army Contribution to Postwar Venereal Disease Control*, which appeared in the A.M.A. Journal on January 27, 1945.

POSTWAR SOCIAL HYGIENE PROBLEMS AND STRATEGY *

WALTER CLARKE, M.D.

Executive Director, American Social Hygiene Association

Though there is no prospect of an early end of the global war, it is not too soon to consider the problems with which the United States will be confronted in the postwar reconstruction period and the years of peace which we hope will follow. The Board of Directors, officers and members of the American Social Hygiene Association and its affiliates may well ponder how these problems should be met and dealt with successfully. As I see it, success in meeting them will depend in large measure on what we do *now* while the war still rages throughout the world.

I

EMERGENCY LAW ENFORCEMENT AND PUBLIC HEALTH ACTIVITIES

The experience of World War I suggests that following the war, there may occur:

(1) A letdown in efforts to repress prostitution and promiscuity and a recrudescence of flagrant prostitution conditions in many cities.

(2) An increase in the prevalence of syphilis and gonorrhea growing out of the above conditions and similar letdowns in finding, holding and curing cases.

(3) Unsound financial and administrative restrictions which would result in eliminating trained personnel and otherwise handicapping essential public health, medical, social and educational activities at the Federal, state and local levels.

(1)

After World War I there was such a letdown, particularly in law enforcement. The prostitution racket was generally well repressed during the war, action having been taken by local and state authorities in strategic areas under the stimulus of the Federal Government on the basis of the war emergency, without the great mass of citizens in these communities fully understanding the problem or the necessity for repression being continued as a permanent policy. Withdrawal of Federal Government participation enabled racketeers of prostitution gradually to renew their illegal business in many places. It became increasingly difficult to maintain continuous, vigorous citizen support of education and law enforcement for the repression of commercialized prostitution. During ensuing years flagrant tolerated prostitution conditions in many areas flared and died down only to reappear again in open violation of the laws in many states.

* A memorandum to the friends, members and officers of the American Social Hygiene Association. Comments are invited by the author.

Since the beginning of mobilization in 1939, practically all commercialized prostitution districts and large scale activities have been eliminated and conditions generally are good. Again, as in the last war, this great national improvement is primarily the result of work by state and local law enforcement officials stimulated in many instances by Federal Public Health and Social Protection agencies and the American Social Hygiene Association. Again action has often been taken as a patriotic wartime duty to protect the armed forces and the war workers, without full public understanding of the importance of such measures to local health and welfare. The question arises as to whether these officials—and those who will follow them in office as time passes—will be adequately supported by the public and sufficiently convinced of the desirability of a permanent policy and program of law enforcement against prostitution after the war is over.

The studies made by the Association in every important population center of the United States indicate very clearly indeed that the former exploiters and facilitators of commercialized prostitution are waiting in nearly every place where prostitution was formerly flagrant—waiting till the war is over in the full and freely expressed expectation that then they will get the “green light”; then public interest and police and court interference will die down and they will be able to operate at the old stand and in the old way.

Furthermore, many of the women and girls who were “professional prostitutes” before the present wave of law enforcement forced them out of business, say, unfortunately, they are anxious to return to prostitution. At present these women can and do make good wages in a wide variety of employments. As the prostitution racket slowly, stealthily, inconspicuously tries to open up again, war industrial and many other wartime jobs will be terminating, throwing many people, including former prostitutes and those on the verge of prostitution, out of lucrative employment. The exploiters and facilitators will welcome them and do their utmost to place them in the prostitution racket.

What many of the “big shots” in the prostitution racket have planned for their activities during the reconstruction period may be gleaned from excerpts from the American Social Hygiene Association’s reports of studies made in all parts of the country.

In practically each vice center a corps or nucleus of third-party interests hold fast to strategic locations which they plan to use for “*business purposes*” after the war.

In a large city in the South, caretakers are holding down property for the real operators who firmly believe that:

“When the war’s over the signal will be given again. . . . A lot of big shots lost a big take when the joints had to close, but certain politicians soon made up. . . . Slots came back. . . . A price tag was placed on that racket. . . . Those who control them and the pin balls are making up for the loss of revenue formerly paid by the joint owners. . . .”

In another along the Atlantic Seaboard, an exploiter added:

"Just let the war be over. . . . We will be open again. . . . Folks are with us . . . the law (police) are on our side. . . ."

In still another community a notorious keeper who weathered the storm of World War I and reopened after demobilization, predicted that "history would repeat itself. . . ." The reason for her being closed at present is, as she stated:

"I am in right. . . . It is not the local people. . . . It is the Federal Government. . . ." "I always had plenty of girls in peacetime. . . . After the war is over, I'll have them again. . . ."

In the West, still another exploiter asserted:

"We are being squeezed now, but we all know that when the war is over things will open up. How long the war will last is another question. . . ."

In large and small communities along the Pacific Coast, exploiters look forward to a rosy future after the war. Many made statements similar to the following:

"I have been closed now for about eight or nine months, the same as in Police told us to close. . . . I'll just stick to my gardening. . . . I'll wait until the war's over until I do business again."

It is evident that the promoters of commercialized prostitution believe they can revive their lucrative business when the war ends. Only a firmly convinced, organized, vocal and fearless public opinion can prevent it. It is too much to hope that public officials, however convinced themselves, will long continue vigorously to enforce the laws against prostitution in the absence of strong public support for their program of action.

If this evidence and this line of reasoning are accepted it would then appear necessary, first, to do everything possible to make sure that the public throughout the country is "sold" on repression of prostitution as a permanent policy. This type of promotion is now being carried out by the American Social Hygiene Association and various Federal agencies. Second, we must urge the Federal Government to continue unimpaired after the war the activities of the Social Protection Division, or an equivalent service, as a special Federal agency or a major activity of an established agency of the Federal Government, for the encouragement of law enforcement. Third, to continue after the war the American Social Hygiene Association's field studies of prostitution conditions, and field activities to rally, organize and advise public opinion in support of law enforcement activities.

(2)

In another paper* I have discussed the apparently worldwide increase in syphilis following World War I. In the annual report

* *Postwar Revival of Voluntary Social Hygiene Work.*

of the Association for 1943 * I gave some figures to indicate the probability that there is now occurring an increase in the prevalence of syphilis and gonorrhea in the civil population of the United States.

At the present time a vast and generally effective plan of venereal disease contact-tracing and case-finding is in operation. It is based on information regarding contacts obtained by the Army and Navy from infected men. This information is transmitted to the civil health authorities who find and bring under treatment a great number of infectious contacts. At present a large proportion of the nation's young men are among the Army's and Navy's 10,000,000 men. Pertinent facts regarding sexual contacts resulting in infections can be ascertained and many contacts can be found and examined. But when these men or a large proportion of them are demobilized and return to civil life this epidemiologic service will diminish proportionately, unless there is developed in advance a corresponding method of control of civilians. Except insofar as civil health authorities are given adequate authority and commensurate opportunities to render this service, it will practically end. A great decrease in contact reporting and case-finding work would mean that many infectious cases would remain undiscovered and untreated and would continue to spread disease.

Can such intensive, repeated educational work, as is now carried on for service men, be continued for former service men after the war? To be most effective, instruction regarding venereal diseases must be often repeated and a great amount of continuous moral pressure is necessary to maintain low venereal disease rates in civil as well as military groups. Military sex hygiene instruction urges service men not to expose themselves to infection, but to avail themselves of prophylaxis if they do nevertheless expose themselves. Preventive materials and services are not only advised but they are made conveniently available free of charge when necessary. Without intensive instruction it is likely that more men will expose themselves to infection—especially if there is a concomitant increase in prostitution—and fewer will use prophylaxis. More men may become infected and through them more women and families may acquire syphilis or gonorrhea or both.

Among other factors that may influence the postwar venereal disease rate, unless equivalent or substitute measures adapted to civil conditions and authority are instituted, we may mention: (1) the ending of the May Act by statutory limitation; (2) the withdrawal of military police who stop men who are now soldiers or sailors from entering dangerous dives; (3) the loss of periodic medical inspections which now discover among men in the armed forces new cases of syphilis and gonorrhea. The glamor of war will be gone. The great influence of morale building and sustaining activities will cease for men and women leaving the military services. Many of them, feeling a great sense of letdown, confusion and uncertainty

* *Team Work in Venereal Disease Prevention*. A report of 1943 Activities to friends of the American Social Hygiene Association. Pub. A-558.

following war and its disciplines and adventure, may be expected to take chances and forget the instruction and advice they have received.

It is not yet established that the new "quick" methods of treatment of syphilis and gonorrhea can reduce the prevalence of these diseases to minor proportions within four or five years after the war. Properly used and adequately supplied the sulfonamides and penicillin will greatly shorten the duration of treatment of gonorrhea in civil life—as they have already in military life. Intensive arsenotherapy, and possibly penicillin therapy of syphilis may become available and may give quicker cures of this disease. But there is in military experience nothing yet to indicate that either method will by itself reduce the number of infections acquired; and serious consideration must be given to the view held by some that with quicker and less arduous cures, more exposure and consequently more infection may occur. Reinfection with gonorrhea after cure is known to be a common occurrence. Reinfection with syphilis after intensive treatment is reported more and more frequently. This experience indicates that suffering an infection is not enough by itself to prevent some people from exposing themselves repeatedly to infection. The easy cures may actually encourage taking chances.

All this is pointed out, not in any spirit of discouragement or pessimism, but as a challenge to undiminished action and adaptation during the period of transition from war to peace.

No matter how excellent diagnostic and treatment methods may be they do not greatly affect the prevalence and spread of venereal diseases unless, first, they are generally *available* to those who are infected and, second, are actually *applied* to infected persons. It can be stated as a fact that today in many parts of this country diagnostic and treatment facilities are not easily and conveniently available to persons who ought to benefit by them. It can also be stated as a fact that today even where modern facilities are available they are not used by many of the people whom it is most important to reach both for their own sakes and the protection of the public health. To establish adequate and easily available diagnostic and treatment facilities to supplement existing public and private services in civilian communities will require aroused public opinion, and probably more money and more personnel than is now available to civil authorities. To persuade all infected persons to seek diagnosis and treatment will require much more educational and more epidemiologic work and better services than are now being provided in many places.

In other words the supporting structure for full use and distribution of modern facilities, personnel and methods does not yet exist throughout the country. Much effort will be required to build and maintain this structure. It would be surprising if even under the most favorable conditions, administrative public health procedures caught up with present scientific advances in less than ten years. We can get ready to meet these problems, in part at least, by greatly

PROGRESS UNDER THE VENEREAL DISEASE CONTROL ACT OF 1938

Citizen support, plus state and national leadership, made possible in 1939 the passage of the Venereal Disease Control Act, sponsored in the Congress by Senator Robert M. LaFollette and Representative Alfred L. Bulwinkle. Under the provisions of the Act, Federal appropriations have been provided each year since then, and have been increased (see table at right) as trained personnel and equipment have become available to assist in development of state and local activities. The table below indicates progress both in provision of funds and growth of activities in the states and territories under this Federal-state-community partnership, which, if continued, may be expected eventually to reduce syphilis and gonorrhea to positions of minor importance among communicable diseases.

FUNDS BUDGETED AND ACTIVITIES REPORTED FOR VENEREAL DISEASE CONTROL FOR THE FISCAL YEAR 1940

(From a table prepared by the United States Public Health Service, Washington, D. C.)

	1939	1940		1940
	Amount or Number	Amount or Number	Per Cent Increase 1939-40	Amount or Number
I. Funds Budgeted for VD Control				
A. Federal †	\$6,730,599	\$10,712,021	59.2	\$13,205,145§
B. State and Local ‡	2,388,270	4,723,366	97.8	6,362,219
	4,342,329	5,988,655	37.9	6,842,926
II. VD Control Activities				
A. Syphilis				
1. Cases reported to State health departments	485,967	487,464	0.3	494,813
2. Admission to clinic service	249,464	288,778	15.8	340,615
3. Average monthly patient load in clinics	229,292	290,982	26.9	384,478
4. Treatments administered in clinics	6,677,798	8,313,796	25.6	10,661,259
a. Arsenicals (doses)	3,029,238	3,719,880	22.8	4,885,736
b. Heavy metals (doses)	3,588,560	4,593,916	28.0	5,775,523
5. Arsenical drugs (doses) distributed by State health departments	4,677,757	6,895,837	47.4	8,161,491
6. Serologic tests in laboratories	5,588,285	10,216,978	82.8	16,520,591
B. Gonorrhea				
1. Cases reported to State health departments	184,679	180,383	-3.3*	198,432
2. Admissions to clinic service	62,835	66,811	6.3	84,418
3. Average monthly patient load in clinics	29,930	30,392	1.5	26,487
4. Treatment visits in clinics	881,755	851,694	-3.4*	712,164
5. Sulfonamide drugs (tablets) distributed by State health departments	3,332,450	5,179,586	55.4	7,218,617
6. Tests (for detection of gonococcus) in laboratories	605,631	1,038,086	71.1	1,224,227
C. General				
1. Clinics treating venereal disease	2,080	2,633	26.6	3,245

* Per cent decrease, due in part to improved methods of treatment and to an intensive educational campaign.

† Budgeted specifically for venereal disease control.

‡ Includes estimates of funds apportioned from funds budgeted for general services, used for venereal disease control.

§ Adjusted total.

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Federal Appropriations under the Venereal Disease Control Act

July 1, 1938 - June 30, 1939:	\$3,000,000
July 1, 1939 - June 30, 1940:	\$5,000,000
July 1, 1940 - June 30, 1941:	\$6,200,000
July 1, 1941 - June 30, 1942: ^a	\$8,750,000
July 1, 1942 - June 30, 1943:	\$12,500,000
July 1, 1943 - June 30, 1944:	\$12,500,000
July 1, 1944 - June 30, 1945:	\$12,700,000

^a(Including two million five hundred thousand dollars deficiency appropriation)

VENEREAL DISEASE CONTROL IN STATES AND TERRITORIES FISCAL YEARS 1939-1944

Source: Venereal Disease Division, November, 1944)

1941		1942		1943		1944		Per Cent Increase 1939-44
Amount or Number	Per Cent Increase 1940-41	Amount or Number	Per Cent Increase 1941-42	Amount or Number	Per Cent Increase 1942-43	Amount or Number	Per Cent Increase 1943-44	
6,145	23.3	\$15,431,879	16.9	\$18,052,980	17.0	\$20,284,806	12.4	201.4
2,219	34.7	8,447,294	32.8	10,595,880	25.4	10,984,531	3.7	359.9
2,926	14.3	6,984,585	2.1	7,457,100	6.8	9,300,275	24.7	114.2
4,813	1.5	489,172	-1.1*	579,147	18.4	473,993	-18.2*	-2.5*
0,615	18.0	343,312	0.8	431,750	25.8	347,069	-19.6*	39.1
4,478	32.1	400,198	4.1	460,251	15.0	413,222	-10.2*	80.2
1,259	28.2	10,682,137	0.2	13,206,095	23.6	11,388,312	-13.8*	72.1
5,736	31.3	4,928,484	0.9	6,310,639	28.0	5,396,512	-14.5*	78.1
5,523	25.7	5,753,653	-0.4*	6,895,456	19.8	5,991,800	-13.1*	67.0
1,491	18.4	8,727,964	6.9	11,432,498	31.0	10,083,032	-11.8*	115.6
0,591	61.7	20,173,769	22.1	28,427,271	40.9	22,802,024	-19.8*	308.0
8,432	10.0	220,432	11.1	281,980	27.9	311,795	10.6	68.8
4,418	26.4	104,421	23.7	136,766	31.0	147,267	7.7	134.4
6,487	-12.8*	25,536	-3.6*	32,584	27.6	34,296	5.3	14.6
2,164	-16.4*	801,267	12.5	683,840	-14.6*	726,093	6.2	-17.7*
8,617	37.3	13,836,985	91.7	22,234,524	60.7	18,524,376	-16.7*	455.9
4,227	17.9	1,371,844	12.1	1,653,055	20.5	2,005,716	21.3	231.2
3,245	23.2	3,569	10.0	3,770	5.6	3,707	-1.7*	78.2

ive educational program for prevention.

used for venereal disease control.

strengthening and increasing the current work of health services, especially at the local level. New devices must be developed for learning the sources of infection and for getting the infected individuals under treatment. Facilities, public and private, for diagnosis and treatment must be everywhere available, and free to those who need free service. Prophylaxis must be available and understood by those who, in spite of all advice to the contrary, expose themselves to infection. Adequate substitutes for present morale sustaining activities must be found or the existing services adapted to a peacetime program. And above all postwar social hygiene problems in general must be kept continuously before the public by official and voluntary agencies.

(3)

In 1918, under the impetus of World War I, there was passed by Congress and signed by the President an act which set up the U. S. Interdepartmental Social Hygiene Board, created the Division of Venereal Diseases in the U. S. Public Health Service and appropriated funds for these agencies to aid the states in instituting vigorous programs against venereal diseases. There was developed a broad plan comprising educational, medical, protective and recreation activities which accomplished much and gave real promise for the future. If this program had been continued without restriction through past years, we would certainly have been very much further along the road to victory over venereal diseases than we are at present. However, in the middle twenties, Congress and many state governments decided it was necessary to cut appropriations for aid of the states and their cities in fighting venereal diseases. The result was soon apparent. With money and personnel hopelessly curtailed by unwise and indiscriminating economy, these auspicious beginnings became static or died out. It required years of patient work to build up again adequate local and state activities and expenditures for venereal disease control with local citizens' interest and support.

By 1938, this citizen support, plus effective state and national leadership, made possible the passage of the Venereal Disease Control Act, sponsored in the Congress by Senator Robert M. LaFollette and Representative Alfred L. Bulwinkle, with an initial appropriation of three million dollars for the year ending June 30, 1939, most of which was allocated among the states as grants in aid. Under this Act, Federal appropriations have been increased each year in accordance with the provisions of the Act, and as trained personnel and equipment became available to enable development of state programs, until for the fiscal years 1943, 1944 and 1945, Congress appropriated \$12,500,000 annually. The President's Budget recommends to Congress the appropriation of approximately this amount for venereal disease control for the next year, July 1, 1945-June 30, 1946. The states and their cooperating subdivisions have likewise increased their appropriations to provide almost as much.*

* For the year ending June 30, 1943, Federal allocations to the states for VD control amounted to \$10,595,880 and for the year ending June 30, 1944 the amount was \$10,984,531. For state and local cooperating programs for the same periods \$7,457,100 and \$9,300,275 were made available. See insert opposite for data concerning these and previous years.

Although, following the war, a great wave of economy is naturally to be expected in Federal expenditures, this Federal-state-community partnership for venereal disease control must not be permitted to lapse because of mistaken policies of retrenchment. From all the facts at hand, it seems fair to assume that the lack of funds for Federal aid to the states for venereal disease control, as in the postwar days of 1920, would bring about a speedy collapse of the program at a time when it is most needed, in the first unsettled days of peace when the nation's one hundred and thirty-five million people are released from war strains and are trying to adjust to a warless world. Since Federal funds are allotted on the basis of the extent of the venereal disease problem and the financial need and population of the respective states, the disaster would naturally be worst in the states having the highest venereal disease rates and the greatest need for help.

Every effort must be put forth by all concerned to prevent disintegration and collapse in this way of this important program for human health and welfare. There are several things that can be done now and in the near future toward that end:

First, the great educational program under the national leadership of the United States Public Health Service and the American Social Hygiene Association must be continued and strengthened. The public, and especially leaders of public opinion must be convinced that venereal disease control is necessary as a peacetime as well as a wartime program. They must be taught that syphilis and gonorrhea cannot be wiped out in a short time; that money spent for venereal disease control is well invested; that venereal diseases and their eradication are a *national* problem—not merely a state and local problem; that venereal diseases in one state are a threat to the health of every state; that the venereal diseases are likely to increase in prevalence during and after the war; that control activities must be increased rather than decreased in the postwar reconstruction period; and that for the present Federal grants-in-aid are the most practicable way to finance an adequate program.

Second, every effort should be made by national, state and local health agencies, backed by citizen support, to increase the proportion of total cost borne by the state and local units of government so that reduction and eventual discontinuance of Federal aid can be accomplished without endangering success in stamping out these diseases.

Third, during the postwar reconstruction period most careful watch must be kept for signs of public indifference toward, or lessening support of state aid in venereal disease control. The American Social Hygiene Association and state and community affiliates particularly should be prepared to exert every influence to combat such tendencies.

Summary

I have presented reasons for believing that there is great danger of prostitution becoming flagrant and law enforcement becoming less

active in the postwar reconstruction period; unless effective plans are made to prevent this. At the same time there is danger that venereal diseases may increase in prevalence and that present civilian public health procedures may be curtailed rather than expanded to meet the situation. Also the present program may collapse or be greatly limited by withdrawal of Federal aid to the states at the very time when such aid is most needed. Various suggestions are advanced for meeting these problems. All of them suggest that the American Social Hygiene Association and cooperating voluntary organizations, should continue and increase their efforts, in cooperation with Federal agencies, to combat prostitution and the venereal diseases during the postwar reconstruction period.

II

FUTURE STRATEGY FOR LONG RANGE EDUCATIONAL ACTIVITIES

It is reasonable to hope that following the war the above-mentioned emergency problems will be dealt with successfully and that in due time the official public health and law enforcement agencies will have less need of the Association's major resources. Even now plans may be drafted for grasping the most fundamental opportunity in our field of interest—that is, the education and guidance of youth in the healthful and socially beneficial use of the sex instinct and reproductive functions. Expressed another way, this is education for satisfying and successful marriage, parenthood and family life. In the interests of brevity this field of guidance and education will be referred to as "sex education" in the following paragraphs.

(1)

In the fields of law enforcement and public health the Association has developed policies and procedures which it successfully advocated; obtained their adoption by the appropriate official agencies; encouraged legislation to give the force of law to the application of these policies and procedures; helped to obtain appropriations to carry them out; helped to train personnel and rallied public support for the established policies and programs.

"Sex education" as a part of instruction in health and human relations needs to be established on a nation-wide scale to be effective. If we may profit by past experience, the Association by experiments, demonstrations and studies should develop first of all a broad basic policy regarding sex education which it can advocate nationally. This, I believe, is an essential preliminary step.

Once this broad policy is announced and proves generally acceptable by leaders in this field, the next step is to secure its adoption as rapidly as possible by state and local boards of education, and give it legal support by new laws if any are necessary. Appropriations by states, and grants-in-aid by the Federal Government may be required. This development may not be rapid—any more than similar advances in the fields of law enforcement and public health

were rapid. Nor will they be uniform. Variety in programs may be desirable. A beginning in this direction has already been made in several states and there is considerable experience in "sex education" to build upon.

Concurrently with these developments, such special training of personnel (teachers) as may be necessary may be undertaken. The Association should be ready to participate in such training on an experimental or a demonstration basis—just as it has in the training of venereal disease control officers and law enforcement officials. Here also some good beginnings have been made in the training of teachers in formal courses, institutes and "workshops."

When successful and acceptable policies and programs have been developed, tested and proved in a few places on a state-wide or local basis, the Association may advocate their general adoption throughout the nation and rally public support for them just as we have for activities in the fields of law enforcement and public health. That stage, however, may be some distance ahead.

Associated with the various stages of development of this sex education program will be the development, production and selective distribution of educational materials (syllabi, pamphlets, books, motion pictures, etc.) all of which should be experimental and subject to revision or withdrawal.

Conferences of leaders in education, psychology, and sociology may be necessary, under the auspices of the Association or other agency. A long step toward a national program will have been taken when a group of competent authorities agree on the basic principles and on a program or programs which can be commended to the consideration of school authorities. The other steps may be easier because the public in cities, states and the nation can be rallied to support and insist on having an educational program that is sound but flexible.

The usual methods of promotion may be applied to this program as to others with which the Association has had successful experience, but only after the preliminary essential stage—the development of a policy and of a program or programs—has been tentatively completed.

This will be a creative task based on careful studies of experience in the United States and abroad and perhaps on one or more controlled experiments.

It is not expected that the "sex education" program will develop in the one, two, three order indicated above but rather there will be gains here and there and in time a general adoption, with modifications, of the policy and programs advocated. It may well take a decade to see substantially general adoption of these programs, and the education of the public to welcome them will be a most important factor, as it has been and still is in the fields of law enforcement and venereal disease control.

(2)

Basic and essential as it is "sex education" in the schools is not the only advance that should be considered in the postwar social hygiene program.

The premarital examination laws of some 30 states offer a golden opportunity for marriage counseling which a few physicians are now utilizing. The Association should encourage and aid physicians to give candidates for marriage—in addition to physical examinations and blood tests—advice regarding the physical and psychologic adjustments which the marital state requires.

The more responsible clergy who now have heart-to-heart talks with couples before performing the marriage rites should be encouraged, and aided with suitable publications and courses of instruction, to do their work more adequately.

And young people should be encouraged to look to the physician at the time of premarital examination and to the pastor at the premarital interview for advice and guidance, and as they establish homes and bring up their families to keep in touch with these advisors. Our aim should be to help thousands of clergymen and thousands of physicians to become good marriage and family relations counselors.

In addition to these "general practitioners in marriage and family counseling," there is a place for the "specialist"—the counseling bureau. The Association might well study the success and failures of existing bureaus and encourage the establishment of an adequate number of such services. It may be that study would indicate the need for more experiments in such services. If so, the Association might undertake one or more.

A study of laws governing marriage and divorce would be a valuable undertaking by the Association's legal staff. Such a study might indicate the desirability of promoting "standard" marriage and divorce laws. Certainly the present chaotic condition of this body of state laws suggests the need for corrective action.

(3)

The Association from its beginning has given a great amount of attention to the proper training of health officers, doctors and nurses in the diagnosis, treatment and control of the venereal diseases and there has been marked improvement in this field of education.* The training of teachers in the use of "sex education" materials and methods has been mentioned above and much that is worthwhile has already been accomplished in this realm. The services of two groups, which are quite as important to social hygiene as the above,

* It may be noted that much educational work still remains to be done in the medical and public health fields, and in the encouragement of public attention to and medical research regarding the less known venereal diseases such as granuloma inguinale and lymphogranuloma venereum.

have not thus far been fully utilized, viz., the clergy and the social workers, each of whom has respective professional schools.

It should not be difficult to extend the Association's help to the schools of theology and to the schools of social work—at first on an experimental basis and later more generally—and to encourage them to include in their curricula the subject-matter appropriate to an understanding of the role of the sex instinct in personal and community life, the social and medical pathology which arises out of the misuse of sex functions and which provides these professional workers with some of their toughest problems. Since the community depends upon churches and on social and welfare institutions to play an important role in social hygiene programs, workers in these fields are anxious to understand the basic scientific principles of social hygiene in order that they may cooperate intelligently.

The development of programs of instruction in schools of theology and of social work would require conferences with leading clergymen of all faiths and with outstanding social workers. Syllabi, source materials, special publications and graphic material could be published in the professional journals to interest clergymen and social workers already in active service. The usual methods of promotion would prove as useful here as in the development of public health and law enforcement programs. It is believed that in due course the basic material of social hygiene would become a part of the regular curricula of theological and social work schools.

(4)

The social hygiene societies now existing and others to be established will prove extremely valuable in giving effect to all these plans. Many of our affiliated societies are already deeply interested in the phases of social hygiene under discussion. It is through the local society with well trained executive leadership that social hygiene programs of whatever type have their best opportunity to succeed. The Association should, therefore, press forward with the work of organizing effective local units and aiding existing societies. These will doubtless prove to be most valuable partners in developing successfully the program of the peace years ahead.

One of the great sources of strength of the social hygiene movement has been the active cooperation and participation of national, state and local voluntary agencies such as the professional organizations (medical, nursing and pharmaceutical societies), the character-building organizations, church federations, the women's clubs, the Parent-Teacher Associations, the business men's associations and clubs, labor organizations and a long list of others. Through these varied agencies millions of men and women in all walks of life have become informed regarding and have given aid to social hygiene activities. In the broad future program of the American Social Hygiene Association these agencies can be of the greatest strategic value. Into their channels at the national level we can continue to place information and program suggestions with the assurance that many thousand

local units in great metropolitan centers and in cross-road villages will receive and respond to sound plans for the education and guidance of youth. This opportunity even now challenges our best creative effort.

These are a few of the tasks which the Association might well undertake as rapidly as circumstances permit. Since the Association is a small organization, compared to the scope of our field and our opportunity, it must carefully choose its strategy. The strategy suggested above aims to promote the development of long range social hygiene activities by evolving sound programs in the fields of education, of religion and of social and welfare work, and by training their future leaders in the scientific principles upon which such programs should be based; and to rally and organize public support for these programs and activities by all means available to us.

I think there is nothing new in the foregoing suggestions. The Association has had much experience in the past in all these fields, having pioneered in each of them. All the work which has been well done in the past and is now being well done throughout the country will be useful to us in building an effective forward marching program based on specific objectives.

"Health is something that all nations desire, and no nation by the process of gaining it takes it away from another. There is not a limited supply of health for which nations must compete. Rather, every nation by promoting its own health adds to the better health of other nations, just as by assisting the health efforts of other nations we protect ourselves. Here in brief is a field of common interest to the race of man everywhere on the planet. . . . The day has passed when any one nation can live unto itself. . . . We who are interested in public health have a challenging opportunity to lead the way . . . to serve the larger loyalties which must underlie this new world if it is to keep abreast with the facts of the 20th century."

RAYMOND B. FOSDICK

President, the Rockefeller Foundation, in an address before the Seventy-third Annual Meeting of the American Public Health Association.

VENEREAL DISEASE CONTROL OF TOMORROW

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The national conference on post-war venereal disease control will not be defensive. The sole motive for this meeting is to establish additional means for drastically reducing the incidence of venereal diseases.

As typhoid and smallpox have become unimportant diseases in this country because of unremitting diligence on the part of physicians and health departments, so must venereal disease be relegated to a minor role. Plans for the future must consider not only methods for lowering of incidence but also for the maintenance of such ceaseless vigilance that never again will our people be burdened with syphilis and gonorrhea.

During the past few years remarkable advances have been made in treatment of syphilis and gonorrhea. These advances, so far, have been largely on a research basis. The principal agencies directing this research are the National Research Council, the Army and the Navy medical departments, and the U. S. Public Health Service. Preliminary reports have been very encouraging. The later reports which are to be made during this conference may confirm the belief that the physician at last has drugs and procedures adequate to solve the treatment problem. However, no matter how effective, these new drugs or new methods of administering old drugs can have little value for reduction of the attack rate of venereal disease unless persons who are infectious are brought to the physician before they have spread their infections to others.

The most desirable, the most effective and the least expensive approach to venereal disease control is through prevention. A first step in prevention is to find and quarantine immediately individuals with syphilis or gonorrhea before infection can be spread to others. Treatment is the most effective quarantine since forcible separation of all infected persons from society is a procedure obviously impractical in this country. Prevention through personal prophylaxis, higher moral standards, prostitute repression, and education are all essential, but they are and always will remain secondary to treatment. The development of an acceptable, highly effective, non-irritating and stable chemical prophylactic agent which can be readily and quickly applied would be a significant step forward.

Our direct responsibility as physicians and health officers is for medical control measures, and for dissemination of information about these diseases and their treatment. We recognize the need and give our support to those programs which are intended to reduce

prostitution and provide social welfare services; but their actual operation belongs elsewhere.

It is the tradition of physicians and other scientists to search everlastingly for the truth about the ills which plague mankind, and to make that knowledge available to other physicians and to the public. The obligation of physicians and health officers to tell the people the whole truth about venereal disease is as important as with any other communicable disease or hazard to health which requires individual and group cooperation from the general public. The people must know how syphilis and gonorrhea are spread. They must learn how venereal disease may be avoided and cured. Negative action which serves to keep these facts from the public serves to negate human progress. To tell the people the truth is to reaffirm our belief that when free and intelligent men and women are given the facts, they are capable of properly fashioning their destinies. To tell the scientific truth is to provide the strongest sort of reinforcement to the church, to the home, and to the school in their efforts to develop higher standards of sex conduct among all people. The broad dissemination of medical truth about venereal disease is essential if law enforcement and social agencies are to receive full public cooperation.

Venereal disease control of the future, so far as the physician and health officers are concerned, must devote a great deal more emphasis to case-finding and to public education.

It is estimated that about 230,000 new cases of syphilis are being contracted in this country annually. Under existing methods and facilities for case-finding we believe that each year only about three-fourths of these infectious cases are discovered and treated by public clinics, by the armed services, and by private physicians. We believe, further, that less than one-half of those found and treated remain under treatment long enough to insure against infectious relapse.

The unfound and untreated one-fourth and the insufficiently treated lapsed cases are the source of infection for the annually recurring new crop of primary syphilis. And they accumulate year in and year out to form the great reservoir of latent and late syphilis.

There is no way of estimating with even reasonable accuracy the incidence of gonorrhea. Let us, however, take the arbitrary minimum ratio of three to one between gonorrhea and syphilis and assume that nearly a million people contract gonorrhea in this country each year. During the past year, private physicians and public clinics reported only 311,795 gonorrhea infections. For purposes of this discussion it is assumed that all of these reported cases receive adequate treatment. There must be an extremely large residue of infected persons, therefore, who either receive no treatment at all or who resort to self-treatment. These are the people who keep the chains of gonorrhea infection going. These are the people who must be found and treated.

At present there are in the nation's 3,800 clinics less than 2,000 workers engaged full time in investigating venereal disease contacts reported by the armed services, private physicians and clinic patients. Additionally, about 6,000 health department nurses and social workers devote part of their time to venereal disease follow-up. These efforts do not suffice to perform the case-finding which is necessary in the control program of the future. A few clinics are doing very fine contact investigation work. The majority are evidently making but slight effort to obtain the names and locate the contacts of known infectious cases. Unfortunately, in many clinics vastly more time is given to holding old, noninfectious cases than to finding those who are spreading disease throughout the community.

The Public Health Service and most State health departments believe that vast improvement must be made in contact investigation before attack rates can be significantly reduced. Further, we believe that the extent of the problem requires that a great many more interviewers and investigators be recruited, trained, and put to work on orderly, well-supervised, case-finding programs.

In cooperation with State health departments and voluntary agencies the Public Health Service is conducting research investigations aimed at evolving the most successful methods of interviewing and contact investigation. It is reasonable to expect that these studies may form the basis upon which a well-rounded training program can be established.

During this war period, one of the major factors in preventing a serious increase in venereal disease has been information gained from the Selective Service examinations for syphilis, and from the contact reports furnished by the armed services to health departments. Within the past few months Selective Service has more or less ceased to be an active, case-finding device and as more soldiers and sailors are moved overseas, reports of their contacts in this country will begin to decline. When the war is over, new case-finding procedures will be needed. This need will be intensified by sociological, psychological, and economic problems of readjustment which will probably be such as to cause a venereal disease problem no less acute than that caused by war itself.

The ideal case-finding program would be a serological and clinical examination of every individual in the nation in the younger age brackets, immediately followed by treatment of all infectious cases found. If an improved mass diagnostic test for syphilis were available, plus the necessary laws, laboratories, drugs, clinics, professional personnel, and popular acceptance, it would be possible to eradicate infectious venereal disease.

Universal compulsory examination is of course impracticable at the present time, so practical alternatives must be found. Some of the opportunities for serologic and clinical examination for venereal disease which have been suggested and which merit consideration by health officers and private physicians include:

15,000,000	annual hospital admissions
1,500,000	annual marriages
2,500,000	annual births
1,500,000	annual high school graduations
370,000	annual college admissions
185,000	annual college graduations
4,000,000	annual insurance examinations
Several million industrial employment medical examinations	

Obviously these are rough estimates containing vast duplication. It is apparent, however, that here are situations where medical examinations are or can be conducted and through which literally millions of opportunities for routine serological and clinical examinations for venereal disease control can be obtained.

These are but a few of the problems and opportunities of venereal disease control today, and in the postwar period of tomorrow. In planning this conference it was felt that these problems and other aspects of venereal disease control could be grouped in four major classifications. Consequently sections were established for each category, as follows:

1. *Diagnostic and Therapeutic Procedures in Gonorrhea*—Chairman, Dr. Oscar F. Cox; Secretary, Senior Surgeon C. J. Van Slyke.
2. *Diagnostic and Therapeutic Procedures in Syphilis*—Chairman, Dr. A. W. Neilson; Secretary, P. A. Surg. (R) Howard P. Steiger.
3. *Epidemiology*—Chairman, Dr. N. A. Nelson; Secretary, Lt. Col. Robert Dyar.
4. *Education and Community Action*—Chairman, Dr. William F. Snow; Secretary, Dr. H. H. Hazen.

To these sections I give the following charges:

Section on Diagnosis and Therapy of Gonorrhea

There never have been any reliable figures on the prevalence or incidence of gonorrhea in this country. The most conservative estimate is that the attack rate of gonorrhea among soldiers and sailors is at least three times higher than that of syphilis. Many qualified observers believe that this estimate is too low for the general population.

Whatever the actual incidence of gonorrhea, we know there is enough infection to make this disease a serious public health problem. We know also that not enough attention has been paid to the public health control of this disease. We know that our present knowledge of gonorrhea is inadequate. Conflicting theories regarding prevention, diagnosis, and treatment beset us from all sides.

It will be the responsibility, therefore, of the section considering diagnosis and treatment of gonorrhea to recommend means to bring system and order out of confusion and conflict. This section will examine all the evidence and, in terms of practical control measures, recommend as nearly as possible precise and definite procedures which

may be followed by all official health agencies and through which the essential cooperation of the private physician may be insured.

The section will have to consider many questions. In the field of prevention it will need to review the possibility of developing more satisfactory prophylaxis agents. In addition to those external agents which may be applied without irritation, the possibility of a systemic approach must be considered, such as oral administration of penicillin-like compounds or some immunizing vaccination procedure.

An important preventive topic is how physicians may utilize better their professional prestige in encouraging *moral* prophylaxis among their patients. Methods should be considered also for convincing both private practitioners and clinics of the supreme importance of obtaining from their patients information about contacts.

In this connection it is important to consider how the private physician can make effective use of the health department nurse as his personal agent in following up the infectious contacts of his patients. Better cooperation is also needed from the private physician in reporting cases of gonorrhea coming to his attention.

Many very complex problems will face this committee in the field of diagnosis. What are satisfactory diagnostic criteria? Will clinical and epidemiological evidence suffice? Or must the physician also have laboratory evidence? These are important questions, as are the problems of whether positive spreads alone are sufficient evidence. Further, we need to know if there is any difference between the reliability of spreads in male and female patients and whether there is any difference between male and female with respect to acuteness and chronicity.

Many think cultures are essential in diagnosis. If so, should they be accepted only with carbohydrate fermentation tests?

Is sufficient recognition being given to nonpathogenic, gonococcus-like organisms which may inhabit the genito-urinary tract? In this connection, the possibility of confusion is illustrated by a recent study of 293 males selected more or less at random from a prison population. Of this group, gonococci were found in three men, while other Neisserian forms were found in twenty-two.

The possibility of developing still other tests may be discussed; complement fixation, for example, or an effective skin test. Many physicians are also interested in the development of more satisfactory methods for differential diagnosis of gonorrheal arthritis.

Gonorrhea therapy today is in a state of flux. It is difficult even to think about, much less to discuss anything other than penicillin. It is important, therefore, to bear in mind that the final time-dosage relationships have not yet been established. Any present method of therapy must give way promptly to improved schedules, methods and treatment agents, anti-biotic or otherwise, as soon as these have proved their worth.

What safeguards will this section recommend against the masking of syphilis by treatment of gonorrhea with agents which may prevent development of syphilis symptoms and yet are inadequate to arrest the disease? Assuming that penicillin or a similar effective and innocuous drug becomes available in sufficient quantity and at a reasonable cost, health officers will welcome this section's views as to whether it should be distributed freely to all physicians for treatment of their gonorrhea patients. Will it be advisable for the physician to use this free penicillin for gonorrhea treatment on the basis of any possible diagnosis; or should he withhold treatment until diagnosis has been confirmed beyond reasonable doubt? These questions may be of paramount importance very soon.

The whole field of treatment of gonorrheal complications needs to be surveyed by this section. And, finally, the gonorrhea section will wish to include in its deliberations the question of criteria of cure.

Section on Diagnosis and Treatment of Syphilis

It will be your duty and responsibility to weigh with utmost care the available evidence on new treatment drugs and methods and to decide which are to be recommended for use by the physician in private practice and in clinics and hospitals.

It will be your duty to recommend in general terms how the drugs are to be distributed and utilized so that treatment will be available to every person with syphilis in this nation regardless of economic status, race, age or place of residence. This must be done with the least possible disturbance to the traditional relationships between the private physician and his patient, and between Federal, State and local health departments in their accepted spheres of public responsibility.

If you believe that further research and observation are necessary before general use of the new drugs and treatment methods can be urged, you should make specific recommendations.

Equally important in your deliberations will be the question of diagnosis of syphilis. It is obvious that successful new treatment schemes are of limited value to public health unless infected persons are found early in the infectious stage and brought to an effective treatment source. It is of the utmost importance that we institute a program of case-finding vastly larger in scope and effectiveness than now practiced. Consideration of the case-finding problem is the responsibility of the section on epidemiology, but diagnosis and case-finding are closely related.

Large-scale case-finding is handicapped so long as our major diagnostic technic for syphilis is regarded by the public as inconvenient. A radically improved test would solve many problems in case-finding. The test which we need should be fast, painless, specific, sensitive and simple. It may be that this new test will be found only through the combined and coordinated effort of the best scientific minds in this nation.

It will be the duty of this section to decide what resources of microbiology, immunology, biochemistry, organic analysis, physics, and other sciences must be called upon to develop a diagnostic test for syphilis comparable in speed and specificity to the new treatment methods. Previous investigations should be reexamined and extended if they suggest promising potentialities; new approaches should be sought and explored. The United States Public Health Service is prepared to sponsor and support research recommended to this end by the Section on Diagnosis and Treatment of Syphilis.

Section on Epidemiology

Contact investigation theoretically offers the most direct approach to breaking chains of infection and reducing the incidence of venereal disease.

Interviewing is the first requisite of contact investigation. Follow-up workers cannot locate infected contacts unless they are first reported by treatment sources. In six areas ratios of contacts reported per new admission for previously untreated cases of primary and secondary syphilis during two 6-month periods, including familial as well as nonfamilial contacts, varied greatly from area to area. In one area there was a substantial increase in the ratios from one semiannual period to the other. Increases were registered in three other areas also, with one area showing a decrease. Contact investigation has been emphasized in the venereal disease control programs of all six areas, and the reduction in the contact ratios in one area munity life, the social and medical pathology which arise out of suggests that continued vigilance is necessary to maintain a program even at a moderately productive level.

The contact investigation process is not an easy one. It is not only necessary to produce a volume of contact reporting, it is also necessary that adequate information be obtained in order that follow-up workers may locate contacts and bring them in for examinations. A much higher percentage of cases with complete name and address is located than other cases; although it is possible to locate contacts even though complete name and address are not given.

Locating named contacts, in itself, however, does not reduce the spread of infection. It is only by bringing newly discovered infectious cases under treatment that the chain of infection can be broken. In the best area for which tabulations are available, approximately 30 new infections have been located as the result of investigating contacts of 100 new admissions to treatment with primary and secondary syphilis. The ratios for early latent syphilis and gonorrhea are much lower. Except in one area contact investigation with respect to gonorrhea has not been a very effective method of breaking the chains of infection.

In considering the stages of syphilis in this best area, only eleven of the newly discovered cases are in the primary and secondary stages and eight are in unknown stages which may or may not have

been primary and secondary stages. In the five other areas a greater proportion of the newly discovered cases are in the latent stage than in the open lesion stage.

Why is this? To the extent that contacts reported are "source" contacts, we should expect them to be in the latent stage upon discovery, especially if the investigation is unduly delayed; however, contact investigation on spread contact should bring more results in terms of infectious syphilis. If, in interviewing for contacts, efforts are confined to obtaining names of sources, contact investigation is analogous to "locking the barn door after the horse has escaped." A venereal disease control program should attempt to stop the spread of infection. The location of spread contacts offers an opportunity to diagnose and render noninfectious before there is time to pass on the infection.

I do not wish to imply that contact investigation of sources is not important but it should be emphasized that investigation of possible spread contacts is, to say the least, equally important in breaking the chain of infection. In fact, interviewers should attempt to identify all contacts from the date of interview back to the earliest probable date of infection with no arbitrary distinction between "sources" and spread contacts.

Perhaps we are discouraged as we look at these accomplishments of the contact investigation program. These are not neglected areas but rather ones in which contact investigation has been emphasized at least for the past two years. That increased emphasis can produce results is demonstrated in the one area where the ratio has increased within a year from .06 to .17.

If we conclude that these figures indicate the present status of contact investigation in the United States, do they offer much hope of breaking the chain of infection? If continued at its present level, I believe the answer is no. Here is what can be done to improve contact investigation as a process which offers reasonable hope of a reduction in the incidence of venereal diseases.

1. The volume of contact reporting must increase. This means more interviewing in clinics, hospitals, and Rapid Treatment Centers. It is a question of maintaining the higher level of the effective clinics and raising the level of the others.

2. The type of information must be improved. Large numbers of contact forms containing wholly inadequate information should not be offered to follow-up workers. Determined efforts should be made to improve the type of information by the introduction of an adequate form for recording this information. Attempting to record contact information in an utterly inadequate space on a patient's chart is not conducive to good interviewing.

3. We must determine to obtain the names and investigate persons to whom the patient may have given the infection, as well as the source. This does not mean that in interviewing, source and spread contacts should be defined, but rather that the names of all exposures from the date of interview back to the date of possible infection should be obtained.

4. The introduction of Rapid Treatment Centers and the trend toward in-patient treatment offers a loophole, a dangerous loophole, in the con-

tact investigation process. When patients are not treated in the clinic making the diagnosis, there is a tendency to assume that the treatment agency will interview the patient for contacts. But there is a tendency also for the treatment source to assume that the referring clinic has obtained the contact information. As a result the patient may not be interviewed at all. Rapid Treatment Centers offer unique opportunities for interviewing patients, not only initial interviews but repeat interviews. On the other hand, it is desirable for the diagnostic clinic immediately to obtain information regarding contacts. If referring clinics could forward to the treatment centers a summary of information regarding their contact interviewing (possibly by means of copies of actual contact reports prepared), the treatment agencies would be in a position to continue the interviewing in an intelligent fashion and without repetition.

Even with excellent interviewing and follow-up of contacts reported by patients in clinics, a large segment of the syphilis population remains untouched. Contact investigation at the clinic level may succeed in breaking numerous chains of infection but some chains never get entered in this process. To succeed in breaking a chain of infection, it must be entered at some point. The patients of private physicians constitute links in chains usually not entered by contact investigation which is initiated at the clinic level. What can be done to utilize the contact investigation process in breaking these chains of infection? I leave this problem to the ingenuity of the Epidemiology Section.

Section on Education and Community Action

It will be the duty of this section to deal with the nonmedical community aspects of post war venereal disease control. The impact of demobilization and reconstruction upon a people uprooted and weary of restraint may have very serious implications for the control program over the next several years.

We have based our appeal for the repression of prostitution upon a win-the-war psychology. What will be our substitute when the war is over and the inevitable reaction sets in—when the entrenched forces of commercialized vice come out of hiding and begin to revive their sordid activities?

Community action for venereal disease control involves such extremely important matters as prevention of delinquency, enlightened probation policies, facilities for wholesome recreation for young people, for redirection and social services. When the motivating stimulus of war need is removed, is it proper and necessary to urge governmental and voluntary agencies to continue their programs in these fields?

What will be your answer to those sincere people who believe that widespread dissemination through public channels of information about venereal disease, and the teaching of social hygiene to school children, encourages immorality and therefore defeats its purpose?

On the other hand, what will you say to those equally sincere people who believe that to withhold information about venereal

disease from the general public, and from young people in particular, is itself an act of immorality? With respect to official health agencies, these same people contend that to fail to conduct public venereal disease education is to be guilty of dereliction of duty. What course of action, therefore, will you recommend to Federal, state and local health departments and to voluntary agencies?

There is also the technical question of whether venereal disease education and social hygiene involve such specialized and complicated problems that they should be handled separately from generalized community health education. An expression from you will be welcomed by all health educators.

With the advent of shorter, safer, and less inconvenient treatment methods, how will we prevent our education from misleading the public to believe that promiscuity has been made safe and has thus received the blessing of science?

Will it be advisable, in view of this possible danger, to conduct simultaneously with public venereal disease education an equally intensive campaign of education for higher standards of sex behavior? If you feel this collateral effort is necessary, who should be responsible for its planning and execution? If you believe that official health agencies should actively participate in education for morality, is it possible that this would establish a dangerous precedent, possibly leading toward governmental interference with religious and familial life?

* * * *

Each section not only must consider the many special aspects of its particular field, it must relate these special considerations to the whole problem of venereal disease control. For example, the gonorrhea section should remember safeguards must be established against the masking effect on syphilis which may follow the treatment of gonorrhea with penicillin.

It is entirely possible that many of the problems discussed in the section meetings, and many of the questions raised, cannot be solved at this time. Therefore, the section reports may be considered as preliminary rather than final. Further, in planning this conference, we felt that the chairman and secretary should function beyond the period of this meeting. All chairmen and secretaries will be considered by the Public Health Service as forming a continuing committee, which will carry forward work of the conference until all the details, procedures, evaluations, and continuing studies have been completed. Then we plan to issue a final report. That final report will, we hope, provide the blueprint for the venereal disease control program of tomorrow, and the death warrant for syphilis and gonorrhea in the United States.

ARMY CONTRIBUTION TO POSTWAR VENEREAL DISEASE CONTROL PLANNING

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It is even now apparent that the approaching demobilization period will be accompanied by many serious problems in the control of the venereal diseases. During and following previous wars the incidence of venereal disease has always reached epidemic proportions. While the maintenance of low military rates during the first three years of the current conflict justifies a feeling of achievement by all concerned, it is noteworthy that since the first of January 1944, the Army venereal disease rate for the Continental U. S. has risen steadily to a present level of 36 per 1,000 men per year, as compared to the 1943 rate of 26.3. Furthermore, it is our belief, based on the following considerations, that the Army rate in the Continental U. S. will continue to rise for some time and may even reach World War I levels.

1. It is increasingly evident that a general let-down in the over-all venereal disease program, both military and civilian, is in progress.

2. The outstanding advances in therapeutic methods climaxed by the introduction of penicillin have resulted in (a) better reporting of venereal disease with a decrease in the amount of concealed gonorrhea, (b) a definite but as yet unmeasured effect on the will of the soldier to avoid venereal disease, and (c) a reduction in the man days lost per 1,000 men per year from 1,280 in 1940 to a current record low of less than 300, giving rise to a further loss of interest in prevention.

3. Due to overseas assignment, the group of young trained venereal disease control officers initially stationed in this country has been depleted almost to the vanishing point. While this has lowered the intensity of our venereal disease program at home, it is with a great deal of satisfaction that the downward trend of the venereal disease rates in most Theaters of Operations is recorded. The combined overseas rate for all American soldiers is now lower than for those stationed in the U. S.

4. Troops returning from overseas areas have had an abnormally high venereal disease rate of infection, acquired after arrival in this country. This is an increasingly serious problem. It can be

explained in part by the effects of long overseas duty, and by the belief of these men that the girls in this country are free of infection.

It is obvious that these problems affect the civilian and military alike, and present a rather gloomy picture for the immediate future. Despite this, it is our opinion that in the post war period there will exist an unprecedented opportunity to reduce the incidence of the venereal diseases to a manageable minimum. This opportunity, to be fully exploited, will require a critical evaluation of our current control measures with a view towards their strengthening and expansion, and a recognition of the changing aspects of venereal disease control brought about by more effective therapeutic weapons and by the mass war time experience with educational and case finding procedures.

It is believed that in the planning for post war venereal disease control the Army has much to offer in the way of material assets and experiences. It is our intention in this paper to discuss specifically these contributions not only with respect to actual demobilization procedures but also in relation to the strictly civilian activities of venereal disease education, case finding, and community action.

PLANS FOR DEMOBILIZATION OF SOLDIERS WITH VENEREAL DISEASE

During the past six months the Army, in collaboration with the United States Public Health Service, has developed demobilization plans in respect to venereal disease which may be outlined as follows:

1. A physical examination for venereal disease and a routine serologic test for syphilis will be performed on all soldiers within the 48 hours prior to their discharge from the Army.

2. Retention and treatment of all soldiers with gonorrhea and chancroid, and of those with evidence of active syphilis, either early or late. These patients will be treated until cured, or in the case of syphilis they will receive a course of penicillin which is believed to be curative, but which in any event will render the individual non-infectious.

3. Referral to appropriate State Health Departments through the USPHS of (a) the name and civilian address of previously untreated soldiers found at the time of separation to have latent syphilis as evidenced by a positive serologic test and (b) all pertinent information on soldiers under treatment or previously treated by the Army, provided further medical attention is considered necessary.

The application of this plan to over seven million soldiers will be of considerable value to the over-all civilian program in that it represents (1) a mass case finding procedure (2) a uniform method of transition of partially treated or incompletely observed cases from the Army to the civilian (3) a mechanism for detecting the previously unidentified failures to the prescribed course of treatment and (4) a method of obtaining a final evaluation of Army treatment schedules, both mapharsen-bismuth and penicillin.

In such a mass procedure, some errors are bound to occur. Some of the positive tests will upon investigation prove to be technical or biologic false positives and it is important that these individuals not be considered syphilitic until proven so by subsequent examination. Further, it is inevitable that an occasional case of infectious syphilis or gonorrhea will escape identification during the final physical examination, or will be in the incubation period at this time.

MEASUREMENT OF TRENDS

Unfortunately, our present methods of measuring incidence of infectious venereal disease in civilian populations, based on reported cases, are subject to so many errors that they are difficult to evaluate. On the other hand, the incidence rates for venereal disease in the Army reflect to a considerable degree the incidence of the infectious venereal disease in the civilian community, and may therefore be used in determining trends in the civilian population.

While the total Army venereal disease rate in the Continental U. S. has risen sharply since the first of January 1944, a breakdown by disease reveals the increase to be entirely due to gonorrhea. The epidemiologic picture in this disease is far from encouraging. The recent 40 per cent increase in the Army gonorrhea rate must reflect, at least partially, an increase in the incidence of civilian gonorrhea. Since military data invariably show a ratio of 6 to 7 cases of gonorrhea to one of syphilis, it may be assumed that a similar ratio prevails in the civilian population. If this assumption is true it suggests that an enormous amount of unrecorded and presumably untreated gonorrhea exists in the civilian population, and indicates the relative inadequacy of our present gonorrhea control program.

However, during the past year the Army syphilis rate has declined 20 per cent. It is hoped and believed that this decline is due to a lowering of the civilian reservoir of infectious syphilis brought about through the admittedly better case finding technics in this disease, plus the effect of the rapid treatment program.

RESOURCES IN POSTWAR VENEREAL DISEASE CONTROL PERSONNEL

These figures on the disproportionate decline in syphilis and increase in gonorrhea present encouraging evidence of success in the syphilis control program which should serve as a stimulation to even greater efforts towards the elimination of this disease. They also, of course, indicate the great need for development of an effective gonorrhea control program. The accomplishment of these objectives to a large extent will depend on the availability and proper utilization of trained or experienced personnel, and the Army will contribute greatly to this task.

Availability of experienced physicians during demobilization

During the war several thousand medical officers have received formal training or experience in the control of venereal disease and in general public health procedures. The majority of these officers

were general practitioners in civilian life and will return to their offices when released. They should be encouraged to continue their interest in and support of venereal disease control as an aspect of preventive medicine. The role of the private practitioner in the control of the venereal diseases has been underemphasized. It is vital to the success of the over-all program that a better relationship between the health officer and physician be established to the end that every physician is either his own adequate epidemiologist or permits access to his patients of an accredited health department representative.

Utilization of Army lay venereal disease control officers

A second contribution the Army will make to civilian post-war personnel resources will be several thousand enlisted men who have had extensive training and experience in the non-technical aspects of venereal disease control procedures. Many of these have devoted most of their Army service to taking contact histories, and have become very proficient in this task; others, both white and colored, have acted as non-commissioned venereal disease control officers with considerable distinction; more than a thousand are graduates of formal courses in venereal disease control for non-commissioned officers given at several Army posts during the past three years. The value of male non-medical contact followup personnel has been demonstrated in several State Health Departments as well as in the Army and it is believed that Health Departments and clinics should consider the employment of these individuals as they are demobilized.

INFLUENCE OF TREATMENT ON CASE FINDING

An important factor which has had a marked influence on case-finding in the Army has been the introduction of penicillin in the treatment of gonorrhea. When penicillin was first made available to the Army for the treatment of this disease, many soldiers with successfully concealed infections voluntarily reported at sick call and asked for penicillin treatment. This experience would seem to have considerable significance to civilian case finding programs, indicating that at the proper time widespread publicity in respect to the availability of penicillin and its non-toxicity and effectiveness will result in many hidden sources of infection voluntarily seeking treatment.

COMMUNITY ACTION IN POSTWAR VENEREAL DISEASE CONTROL

During the past few years community organization and action towards the control of the venereal diseases, stimulated and assisted by the military, Federal and voluntary agencies, has reached a peak of popular support and interest which will be difficult to maintain. As the end of the war approaches it is becoming increasingly evident that the danger of a serious let-down in these activities is imminent. Since in the post-war period Army support of community action will no longer have either the influence or authority as during the war-time period, it is believed urgent that all agencies and local

groups concerned immediately direct their planning towards peacetime activities, justified on the basis of a permanent community need, rather than as a temporary aid to the Army in time of war.

Influence of Army personnel in postwar community programs

In the Army, commanding officers of all grades are charged with the responsibility of maintaining health in their organizations, and by regulation they are, with the advice and assistance of the surgeon, specifically delegated the task of development and maintenance of venereal disease and preventive medicine control programs. The so-called command aspect of public health practice carries down through the non-commissioned officer to the enlisted man and the subject is included in all training courses. Thus demobilization will return to the communities hundreds of thousands of officers and millions of enlisted men who have had first-hand knowledge of the principles of preventive medicine. Many of these men are the civic leaders of tomorrow and every effort should be exerted to assure their active participation and support in all phases of community action directed towards the control of venereal disease.

CIVILIAN APPLICATION OF ARMY VENEREAL DISEASE EDUCATIONAL EXPERIENCE

During the past few years the Army has enjoyed a unique experience in being able to apply, on a compulsory basis, intensive venereal disease educational procedures to large masses of men. This program, beginning at the time of the soldier's induction and carrying through to his discharge, is carried out by commanding officers, medical officers, and Chaplains, utilizing every accepted method of approach.

It is significant in terms of the over-all civilian educational program that the Army alone will have returned to civilian communities by the end of demobilization over 9,000,000 men who have been subjected to this instruction, a circumstance which will, we hope, raise the general venereal disease educational level of the nation to a new high. With these men as a nucleus, an opportunity exists to remove forever the venereal diseases from the realm of the unmentionable.

Because of current publicity and conflicts over education as a venereal disease preventive measure it seems desirable that the Army mass experience in this phase of venereal disease control be made available. The amount and variety of venereal disease education to which the average soldier is exposed is certainly larger and more concentrated in point of time than is currently applied to the civilian population. Further, it has been possible through observations of individual organizations to formulate opinions as to the value of various educational materials and methods of presentation. Some of these are here offered as being of possible significance in the planning of future civilian venereal disease educational programs.

First it must be recognized that there are two distinct and separate phases of venereal disease education, (1) the imparting to the individual of adequate technical knowledge of the venereal diseases and their prevention, and (2) the motivation of the individual with the will to avoid either illicit sexual intercourse or unprotected sexual exposure. Much of the confusion as to the actual role of education, and no small part of the criticism that has been leveled against it as a venereal disease preventive measure arise from a failure to consider these two aspects as separate entities.

It must be admitted that an individual cannot intelligently protect himself against venereal disease if he does not know what the diseases are, how they are spread, and the correct methods of prevention, including continence. Yet it must also be accepted that the possession of merely technical knowledge is no assurance that it will be used when needed. We have seen not one but literally thousands of examples demonstrating that possession of mere technical knowledge of the venereal diseases is of limited value as a preventive measure and that to be effective venereal disease educational procedures must also impart a motivation for the avoidance of venereal disease. This motivation involves complex and in many instances intangible factors, which in the Army are related to such diverse conditions as the religious and educational background of the soldier, the influence of the home and community, the attitude of his commanding officer, the *esprit de corps* of his unit, fear of the diseases or their treatment, fear of shame or ridicule, and many others, over most of which the Army has little direct control.

The Army, through the Corps of Chaplains and through venereal disease educational material, has continuously stressed continence as the most desirable and satisfactory method of avoiding venereal disease, yet the strictly moral approach has been of limited value. This is attributed, at least in part, to the fact that moulding of character and establishment of standards of personal conduct should and must be accomplished by the home, church and community at an earlier age. Because VD is a biological accident of the sex act, an effective moral program will prevent infection, but the imparting of proper standards of personal conduct to the individual is not venereal disease education in the sense in which we are using the term and should not be so considered. Therefore, the role of the physician and health officer in venereal disease control programs is necessarily limited. He can assume responsibility for the dissemination of scientifically accurate information, and for the provision of adequate treatment, prophylactic and epidemiological facilities. He can and should support and assist those educational programs designed to influence sex behavior; but he cannot be expected to assume primary responsibility for the development of moral integrity.

PROPHYLAXIS IN THE PREVENTION OF VENEREAL DISEASE

In the Army there seems strong reason to believe that the condom has been the most valuable single venereal disease preventive measure, as evidenced by the extent of its utilization.

Chemical prophylaxis administered at a fixed station, on which great reliance has been placed in theory and in past practice, has been difficult to popularize in this emergency because of the frequent inaccessibility of stations, the time consumed in administering treatment, the messiness, occasional discomfort and lack of privacy. Early in 1943, in an effort to improve individual chemical prophylaxis, the Army, in collaboration with the Subcommittee on Venereal Diseases of the National Research Council set about to develop a single tube chemical prophylactic effective against syphilis, gonorrhea, and chancroid. After considerable experimentation, an ointment containing 15 per cent sulfathiazole, 30 per cent calomel, 40 per cent petrolatum, 14 per cent light mineral oil and 1 per cent cetyl alcohol was subjected to field trials at six Army posts, in lieu of the regular station prophylaxis. The instructions were simple and the entire procedure required only several minutes, was acceptable cosmetically, was unaccompanied by discomfort, and was easily self-administered. At all six of the trial stations the prophylactic rate doubled or tripled merely through the spread by word of mouth that the Army had a new and improved prophylactic. This material has now become a standard Army prophylactic item distributed under the name of Pro-Kit.

It would appear from this experience that one important reason for the failure of individual chemical prophylaxis to "take" in civilian life has been the unsatisfactory products available and that post-war venereal disease control planning will be incomplete without provisions to make this item freely available at a price commensurate with its cost of production.

VENEREAL DISEASE CONTROL IN NEGRO TROOPS

The Negro venereal disease rate in the Army has consistently been higher than the white rate. Negro troops have received the basic venereal disease control program given to white troops, and additional specific measures have been directed from a national level. These have been ineffective in lowering the over-all Negro rate. However, successful Negro venereal disease control programs are possible on a local level, as demonstrated by the low rates maintained at Tuskegee Army Air Field and several other posts where large numbers of Negroes are stationed. Several of these programs were organized and carried out by superior Negro medical officers, backed by strong command support, and utilizing all available control procedures, including suppression of prostitution, educational media, recreational facilities, religious appeals, competitions, and the training and development of Negro non-commissioned venereal disease control officers responsible for venereal disease control in their units. These local programs have demonstrated the value of employing specially trained Negro personnel, both medical and lay, and the need for direct and personalized approach.

CONCLUSIONS

In conclusion, the postwar period will present far greater assets for the control of the venereal diseases than have been available at any previous time, some of which are as follows:

1. A tremendous number of physicians and lay personnel, trained and experienced by the Army in the principles of venereal disease control, will be available.

2. The dilution of the post-war population by 9,000,000 soldiers will raise the general venereal disease educational level to a new high, and it seems certain that future venereal disease control programs will be accorded increased public support. In this connection, efforts to reimpose a blackout on the venereal diseases are doomed to failure.

3. The remarkable advances in treatment climaxed by the introduction of penicillin will add great impetus towards achieving the goal of universal case finding and case holding.

4. Mass war time experiences will add considerably to the venereal disease control armamentarium.

These factors, added to the stabilization of community life and the return of opportunity to follow the natural instincts of monogamous relationships all lead to the conclusion that we are presented with an unprecedented opportunity to reduce the incidence of the venereal diseases to a manageable minimum.

"It may well be that we will have derived certain compensations from this war's experience. True, the war has magnified certain of the world's health problems many fold. Yet at the same time it has demonstrated beyond a shadow of a doubt man's capacity to mobilize upon a global basis the tools and resources necessary to reach a common objective. While the wreckage of the war, in terms of typhus, malaria, tuberculosis, the venereal diseases, and the psychoneuroses, is yet to be measured, the means for getting at the job have been greatly perfected as a result of war-inspired researches and military experience. And finally, though for a large portion of the peoples of the world the war all but blotted out the possibilities of intellectual and cultural life, and shut off the free flow of ideas and ideals across political boundary lines, that experience in itself has refreshed the conception of knowledge as an international responsibility, and has led to a much wider appreciation of the fundamental importance of international collaboration in matters pertaining to the science of health."

JAMES A. CRABTREE, M.D.

Deputy Director of Health, United Nations Relief and Rehabilitation Administration, in an address before a Special Session of the American Public Health Association, October, 1944.

VENEREAL DISEASE CONTROL IN THE U. S. NAVY

A CURRENT APPRAISAL, WITH A COMPARATIVE LOOK AT HISTORY AND THE FUTURE

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It has been, now, more than five years since the world was plunged into the abyss of active war by that super-mad Hitler. It has been, now, almost three years since the sons of the once-Rising Sun ignited the wrath of America. These are longer periods of mobilization and active warfare than ever before experienced by the United States. The social consequences have been reflected in every facet of our culture, not least in the amount of venereal disease we have been able to assimilate and transmit.

Those who are familiar with the Navy's venereal record of World War I will appreciate the fact that it was then, for the first time in the history of wars, that the VD rate fell. This was also, of course, the first war during which a concerted and reasonably scientific attack had been launched against the spirochete and gonococcus. You will also appreciate, however, that immediately after the guns ceased firing in 1918 the rate shot up—within one year—by 60 per cent, although the actual figure was about one-third below the pre-war level.

There are implications here for us today, and for the future. If we match the last war's experience with this in terms of the overall VD rate for the entire Navy, or if we compare the rate level now with that of 1914, we might conclude that all goes well. The rate has fallen off sharply and stands now at the lowest point in Navy history, roughly 25 new admissions per 1,000 men per year. (*Figure 1.*)

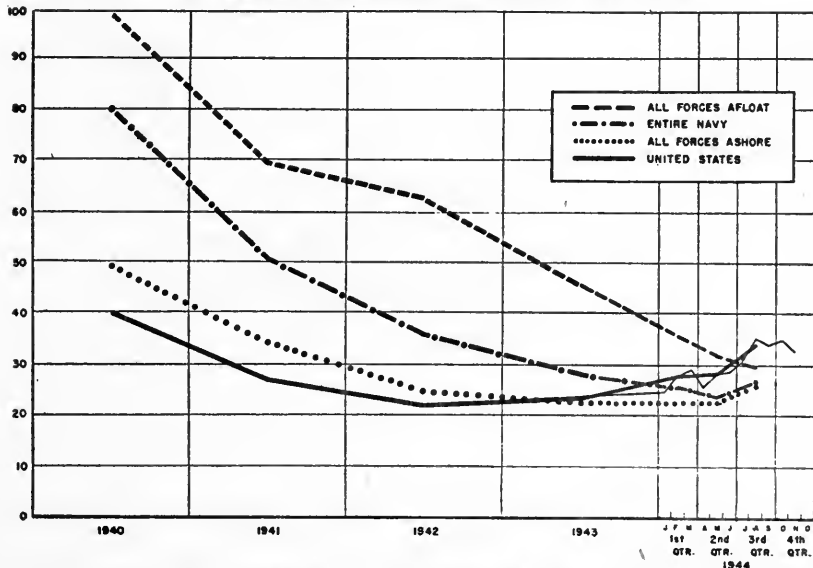
Beneath that tobogganing curve, however, are concealed a complexity of developments and circumstances. For example, this crude, all-Navy rate is a composite embracing rates for the total forces afloat and total forces ashore, the latter including the continental United States. Thus the general downward direction of the entire Navy rate reflects the very low rates now being experienced among substantial elements of our forces overseas. This is a condition which normally accompanies intense combat activity. However, as we consolidate our gains and as we move more deeply into the Asiatic theater, we are likewise moving into areas of very high VD prevalence. Complacency now as to Navy overseas problems and the total Navy VD rate would be at the least premature.

FOCUS ON U. S.

It is apparent from these data that the significant developments in the past few months have been here in the United States. Since 1942, which it now appears was the low water mark, the admission rate has been climbing steadily and at an increasing speed. The

FIGURE I

WARTIME TREND OF VD IN THE U.S. NAVY
BY MAJOR CATEGORIES OF FORCES, 1940-1944



The thin solid line beginning at the middle of 1943 is the monthly trend. Heavy line is annual trend through 1943, and quarterly trend after 1943.

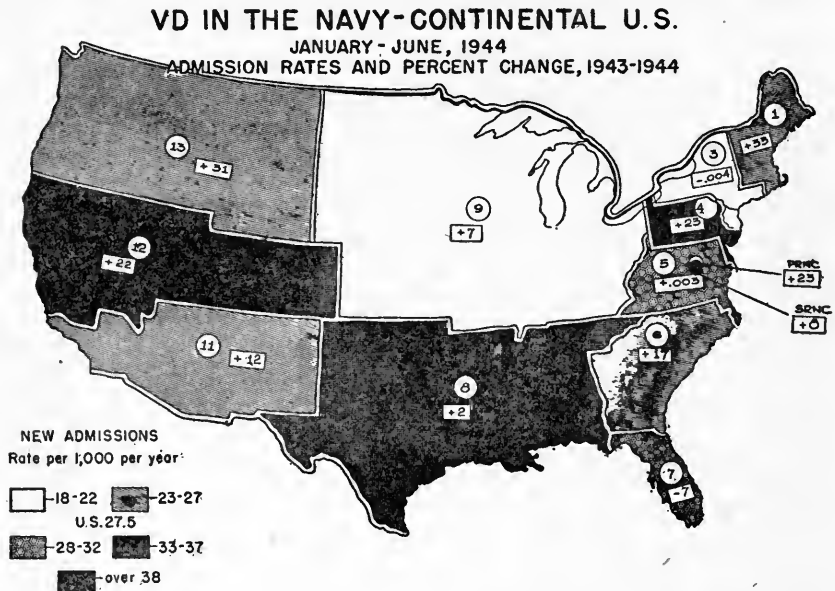
1943 figure of 24.5 was 9 per cent above 1942. The record for the first six months of 1944 stands 11 per cent above 1943, and the rate—28—is above that of 1941. There is no lessening of the rate of increase, as may be seen in the tentative August figure of 36 for the Navy in the United States.*

The higher United States rates prevail along the east and gulf coast areas. (*Figure 2.*) In terms of the rapidity of increase, however, the west coast leads with a rise over 1943 averaging 22 per cent. Surprisingly enough, the northeastern coastal area is next with a 19 per cent increase, this despite a very slight drop in the New York area. While rates are higher in the southeastern region, the rise has been only 8 per cent, and one District (the Seventh) has recorded a 7 per

* See *Figure 1.* The author supplies this addendum as of 2 Feb. 1945: "Monthly new admission rates per year per thousand Navy men in the U. S. have climbed steadily: July 31.19, August 35.91, September 33.84, October 35.41 and November 33.19."

cent decrease. The southern area of the Eighth Naval District has been holding the line with a two per cent rise, and the central region (District 9) is pulling up at a 7 per cent angle.

FIGURE II



As we all appreciate, the new admission rates of the Navy and the Army reflect quite accurately and possibly more rapidly the trend of VD in the total civilian population because of the elementary fact that the bulk of VD in the armed forces has its origin among civilians. Being strictly a *new admission* rate, recorded under circumstances which assure a high degree of completeness, such rates are perhaps more meaningful than civilian admittances and are obviously more significant than prevalence data.

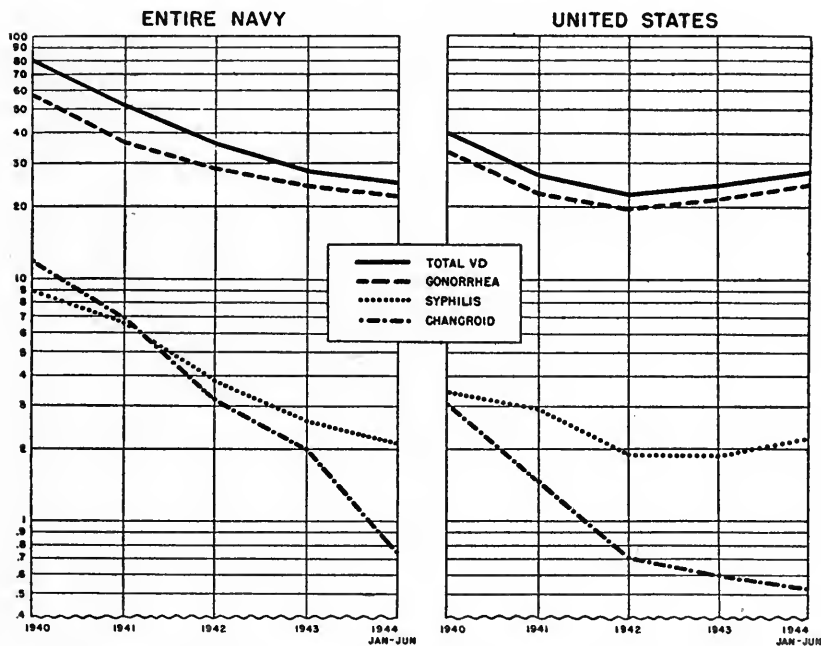
Thus it may prove that the upsurge in the Navy VD rate foreshadows the course America will follow in these coming months and years. It is an old path, a path made familiar during the World War I era—but this time we are apparently not awaiting demobilization to set out upon it. To be forewarned, however, is to be forearmed. There is no inevitable fate which dictates that we must continue along this path to ill health and social erosion.

Before a plan of action can be determined upon it is necessary to identify the problem more clearly. Additional light is thrown upon it when the Navy rate trends by disease are examined. (Figure 3.) Again, comparison between the Navy trend as a whole and the United States is without compliment to the States. All-Navy curves are continuing downward, although they appear to be leveling off somewhat. The reduction in chancroidal incidence from 11.7 in 1940

to 0.75 for the first six months of 1944 is encouraging, especially in light of the increasing number of personnel overseas.

FIGURE III

WARTIME TRENDS IN GONORRHEA, SYPHILIS, CHANCROID
AND TOTAL VD IN THE U.S.NAVY



Current levels in the United States, when compared to 1940, also appear quite favorable. Gonorrhea and syphilis new admissions for the January-June period of 1944 stood 25 and 36 per cent, respectively, below 1940. Chancroid has decreased by 83 per cent. Since 1942, however, gonorrhea and syphilis have increased in the U. S. by 21 and 16 per cent, while chancroid has continued down by 25 per cent. VD admissions in total have risen 24 per cent since 1942. Incomplete data for July and August of this year indicate that these upward trends are continuing.*

CAUSAL FACTORS

The influences behind these developments are most difficult of assessment. Undoubtedly, one of the most important is the changing character of the total social scene. Only inadequately can we either

* The author supplies this addendum as of 2 Feb. 1945: "The continental trend continued upward during the second half of 1944. The tentative new admission rate for the eleven months ending 30 Nov. 1944 was 30.4 per thousand per year. This represents an increase of about 36 per cent over 1942, and of 24 per cent over 1943."

describe or appreciate it. The pressures pulling and hauling at our young people in and out of the armed services are well beyond our comprehension, at least in emotional terms. That they are powerful, there is no doubt. The lengthening of the war, the increasing disruption of normal home life, the heightening transiency of our population, the experiences which the men and women of the services are undergoing—all these and others too enter into the picture.

The sum effect may be termed promiscuity. But that is an almost indecent and certainly inaccurate description of the problem. One of its more important manifestations is found among service personnel returning from combat duty overseas, pockets full of money, and impelled by months on end of grueling, dangerous life without the benefit of a woman's smile. Something of the same end result may be observed among the 'teen age girls, although these tendencies are by no means limited to any one age group.

But we cannot consider the cause and effect relationship here to be due solely and merely to current psychological disorientations. The bulk of Navy men are young—35 per cent are under 20; 67 per cent under 25 years of age. The younger groups are still in the formative stages of their habits; most of the group under 25 are still close enough to home ties to reflect rather directly their upbringing. Manifestly, the Navy can do relatively little in any direct sense to correct such deficiencies, although without question the total impression of Naval service upon the new sailor or marine is one of positive orientation toward a high ethical standard, a spirit of cooperativeness and self-respect. In the long run, consequently, the social habits of the sailor represent a projection of his home, school, and church training. The current VD situation would suggest that the word "failure" is not contraindicated with respect to such training.

Newer and more efficient modes of treatment may be presumed to have a considerable influence upon exposure patterns. It may be that those few Navy personnel who in the past have tended to conceal infection may now be reporting for Navy treatment in order to obtain penicillin therapy. It may be that better treatment has tended to minimize the dangers of VD in the minds of some. This latter assumption is subject to grave question, however, on at least two grounds: (1) That by and large the informational level of most patients appears to be rather low, and the likelihood of appreciating the significance of new therapy thereby is relatively low; and (2) to assume that promiscuity is significantly affected by fear of disease is to fly in the face of psychological truths and general experience, and is to underestimate the overwhelming importance of other factors in the exposure syndrome.

The influence of Negro VD rates upon the total continental rate is subject to some differences of interpretation. Negro rates are, of course, substantially higher than white rates. As one Navy VD officer put it: "Rates are higher in men who lack a sense of security as to their place in life, in their unit, and in the Navy." In one

Naval District the Negro complement, amounting to 2.8 per cent of the total, accounted for about one quarter of all admissions. There can seem little question that data such as these mirror the VD treatment and case-finding situation among our Negro citizens and reflect as well upon general social and recreational provisions for Negro servicemen. "The American dilemma" does not fail to leave its mark upon VD control.

Among Navy VD control officers there exists the general impression that civilian VD control and social protective activities have relaxed somewhat in intensity in the recent past. The general complacency which now plagues the war effort in these crucial phases of combat likewise leaves its impression on VD control. In some areas there are already reports of increasing prostitution activity, although the pattern remains predominantly "amateur."

Recent attacks upon the basic concepts of VD control education have not contributed to a better public understanding of the problem and the urgency of its solution.

Possible counter-measures appear to fall under three headings: Control programs within the armed services, control programs within the civilian community, and linking the two, contact investigation.

There is little need to elaborate here upon the Navy control program except in very general terms. With respect to treatment, preliminary field experience has demonstrated the wisdom of authorizing general use of penicillin in the treatment of all gonorrhea and of early and latent syphilis insofar as supplies of that drug are adequate locally to meet other, more urgent, demands. Under controlled conditions a pilot field trial providing new information as to the efficiency of chemo-prophylaxis has been undertaken. Among some 25,000 exposures a gonorrhea failure rate of one-quarter of one per cent has been recorded. Education aiming at reduction of exposures and wider utilization of prophylaxis has been carried on since early 1944 along relatively new lines and directed primarily at the younger members of the Service who bulk so large in VD reports. A more closely coordinated Army-Navy-civilian attack on VD, prostitution and related problems has been facilitated by the recent establishment of Joint Army-Navy Disciplinary Control Boards in each Naval District and Army Service Command.

Insofar as civilian control efforts are concerned, it is hardly the place of a Navy VD control officer to turn to blueprinting. As seen from this angle, however, it is certain that the low level of VD rates in general has been the result of aggressive public health control and social protective activities. More of the same is the need today. The rapid treatment center development has proved a signal step forward, and would seem to loom ever more important in the treatment era ahead.

The prime task of all, both as a wartime measure and in future terms, is clearly that of case-finding. We have now the weapons, the know-how, and a considerable degree of energy with which,

it is not too much to say, we could eradicate VD as a major public health problem in a matter of years, if not months. The key is case-finding—the cutting into the reservoir of infection.

Case-finding largely devolves into two elements, one relying upon the voluntary coming to examination and treatment of the individual, the other the locating of possibly infected personnel through contact operations. Voluntary reporting is basically a matter of public education, an honest education which brings to every individual the essential facts about VD and its broad implications, with emphasis on the fact that it is a disease for which there is a cure. The time of eradication of VD may very well be set by the degree to which we carry out this educational function, and the extent to which treatment facilities are available for rapid and efficient treatment.

KEYSTONE OF VD CONTROL

Contact investigation, as the second basic element in case-finding, has come into sharp focus in recent years by virtue of its inherent potentialities and the development of large-scale contact referral systems by the Navy and Army. We have all approached this operation in a highly empirical manner, and with a concentration of attention upon those elements most significant to our practical needs. In the developing phase in which we now find ourselves, however, it would seem eminently desirable that some fundamentals be clarified, some assessment of responsibilities made, some energies expended to improving the procedures and actual operations.

Underlying any real progress in this field, however, is the necessity for some unity as to concepts and terminology. It is most difficult to discuss and solve common problems when the parties to the discussion are talking about similar but different things in different languages. It may be useful to dissect this contact operation to find out what it comprises and to provide some common ground for consideration.

One practicable analysis¹ considers the contact operation under the term *contact investigation*. (Figure 4.) This embraces four progressive steps: (1) The *contact-education interview* where the patient is reorientated and reeducated with the objective both of inhibiting repeat infections and of obtaining pertinent contact information; (2) *Contact reporting*, where the report form is forwarded to the appropriate agency for action; (3) *Contact location*, where the alleged contact is searched for, and finally, (4) *Contact disposition*, where the contact is examined and, if found infected, becomes a new patient and the process begins anew with a contact-education interview.

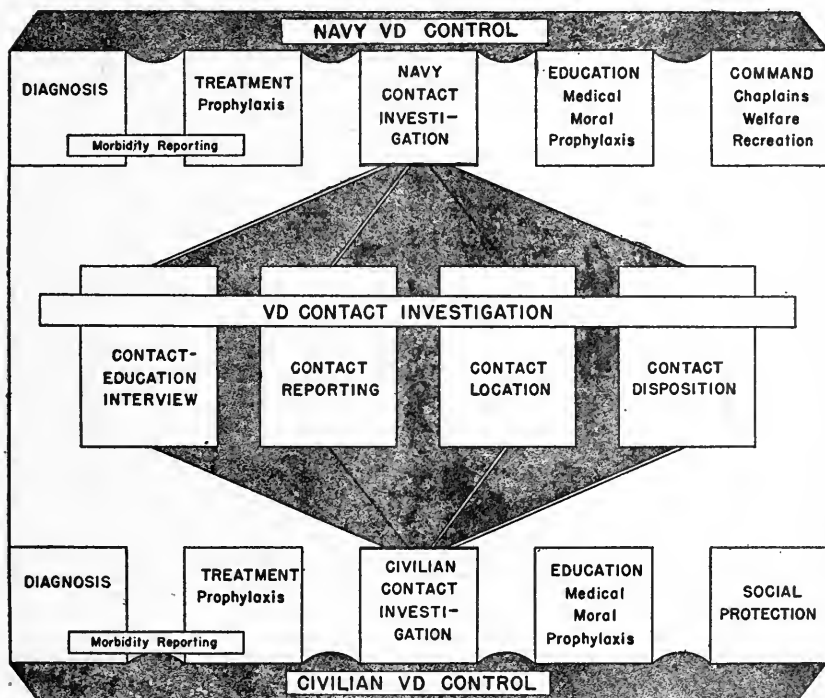
This nomenclature has proved useful in the development of a training program for Navy personnel handling contact reports and conducting contact education interviews. Clarification of the broad concepts and terminology would do much to shift attention to the more immediately important operational areas.

One of the more important—from the point of view of the Navy—is that of contact-education interviewing. This and contact reporting are the primary responsibilities of the armed services in contact investigation. Conversely, contact location and disposition are the pressing problems for civilian agencies insofar as military contacts are concerned. Toward the improvement of interviewing the Navy is now engaged in development of a training plan which endeavors to transmit to large numbers of medical department personnel the basics of interviewing. Similar attention might well be given to field handling of contact reports by civilian health agencies.

FIGURE IV

VD CONTACT INVESTIGATION

ITS PLACE IN VD CONTROL



This latter comment is prompted by Navy experience during the past four months with the new uniform system of VD contact reporting. Conclusions can be only very tentative, but in general the acceptance of the system on the part of civilian and Naval medical personnel has been gratifying and successful. In but a few instances have there reached us indications of failure to understand or carry through obligations on the part of civilian agencies.

A random sampling of 1,000 of these new contact reports has been made which throws some light on the nature of our problem.

The sample is reasonably representative, although it was taken from reports completed during the early days of the new system and is probably, therefore, somewhat below present levels of operation, both naval and civilian. The expected pattern of youth, pick-ups, home or hotel exposures, no prophylaxis is found.

Of importance here, however, is the fact that an attempt is being made to evaluate such reports on an objective basis as to completeness of information and, indirectly at least, as to interviewing efficiency. One of the most meaningful evaluations is with respect to the degree of completeness of the contact's name, address, and place of employment.

Identification data were considered excellent if these elements were given completely, or approximately completely. Such was the case in 7.5 per cent. Less complete but still quite adequate information was reported in 19 per cent. The remaining 73 per cent were considered only fair, with more than half of the total probably worthless so far as this particular item was concerned. Admittedly, these figures are not favorable, and we intend to improve them materially.

From the civilian health department standpoint, results of contact location and disposition were as follows: 22 per cent of the reports had not been returned within the 8 weeks period allowed for follow-up; 50 per cent were considered insufficient to start investigation, and 7 per cent more proved such after a location attempt; 14.2 per cent were found; 9.2 per cent of the contacts were infected; 6.9 per cent were new cases brought under treatment as a result of this contact investigation; and 4.6 per cent were found to be not infected. In other words, of the 142 cases found, 48 per cent were brought under treatment as a result of the investigation.

The Navy estimate of adequacy compared with the health department's estimate appear to correspond reasonably well. Practically all of those contacts found were evaluated quite high. However, the bulk of those reports not yet returned by health departments were evaluated very low and there would seem little cause to hold them out.

Even these very preliminary data serve again to underscore the interdependent nature of VD contact investigation and, indeed, the whole of VD control. No program is stronger than its weakest element.

STORM WARNINGS?

This conference is rightly concerned with the future of VD control and with the problems the post war era will present. We are indeed fortunate that we have now a new therapeutic armamentarium which holds so much promise. It likewise presents challenges. One points to what appears the almost inevitable necessity for large-scale expansion of treatment facilities which are known to and available to

every individual in this nation who might have need of them. The future of VD control clearly lies in treatment for all.

A second challenge is swallowed up in what may prove to be a coming wave of moral reaction, foreshadowed already. Experience should have taught us that morals and ethics cannot be enforced by authoritarian methods. The answer more nearly lies in a broad understanding and compassion for human frailties which in the process of application respects the democratic dignity and self-respect of all persons, benighted as some may perhaps appear.

The trend of VD in the United States today gives warning of the approaching storm. VD can be no matter of national disinterest when the facts are known that since World War II began the Navy has suffered 200,000 preventable VD casualties at a loss of two million man-days. We cannot afford to relax our control efforts nor to fall back to a *laissez faire* approach to the broad problems. We cannot permit the United States to regress in this or any other field while it remains—as it must—in the spotlight of civilized progress.

The VD control program must be intensified and expanded in the medical facilities field, in public and professional education, and basically, in the field of contact investigation. There is no more direct means of finding new cases than in identifying and bringing to treatment the contacts of known cases. It is not too much to set our sights on the goal of "every physician a contact-education interviewer."

VD is an international problem. In the days to come we will all appreciate more vividly the significance of high VD prevalence in Singapore, Naples, Berlin, and Tokyo. Today we in the Navy face problems of exactly the international character that all of us will meet in the future. Today we in the Navy must lay our plans in terms of an extended period of active Pacific warfare. We can only be apprehensive that the partial demobilization which presumably will follow "Victory in Europe Day" may prove a partial demobilization of VD control. "V-E" Day must not become VD day.

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NOTE: The opinions or assertions contained herein are the private ones of the author and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

V.D. CONTROL—A WAR ON MANY FRONTS

MARK A. McCLOSKEY

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Federal Security Agency*

While I listened yesterday, as a layman and a citizen, to Doctor Heller talk about breaking the chain of infection, I couldn't help but remember that, for a long time, you people in the medical and health fields have been holding a chain that goes all the way back to Galen and Hippocrates—that you have been disposing of mumbo-jumbo, mystery and magic and bringing people to the point where, during the greatest war in the world, we are free from most epidemics. I think that national public health has paid off well in the catastrophe we are facing.

The Federal Security Agency's Office of Community War Services is one of the arms which has been set up within the government to meet some of these wartime problems. One of our jobs is the opposite of the thing you have been discussing here—to offer through recreation what our friend from Canada* called "the substitute activities." Although I am not sure that they are, they do provide some of things which I care about very much—a decent kind of environment in which our wartime workers and our men in the armed forces can live.

In the Office of Community War Services, we do a job of coordination, too, but I wish I could find a different word for it. The men on our staff have been going into the towns of America to try to put the various pieces we have discussed here together in the form of community organization. Not the least of our responsibility is our part in the fight against syphilis and gonorrhea, and that, rightly, is a job which we do in cooperation with all the other forces lined up against venereal diseases.

There are good weapons in this fight. We have the venereal disease education programs developed by the Army and the Navy, programs which have taught the facts about venereal disease to millions of men in uniform who will return to civilian life. We have the public education programs of the United States Public Health Service, of state and district health departments, and of private agencies spearheaded by the American Social Hygiene Association. We have systems of reporting and case finding which, through efficient cooperation of military, health and law enforcement authorities, have uncovered sources and numerous new cases of infection. Daily more infected people come, and will come, under treatment.

* Lt. Col. Donald H. Williams, Chief of VD Control, Canadian Army, speaking at the International Session, same Conference.

The advances on the medical front are phenomenal. We have some intimation that penicillin will play an important part in determining how the future battle lines will form in the march against syphilis and gonorrhea. But no matter how rapid the treatment is, we lose ground unless we find all infected persons, and treat and cure them. It is not yet fully established that the new quick methods of treatment can reduce the prevalence of the venereal diseases to minor proportions within four or five years after the war, and in the meantime we must address ourselves to the job immediately before us.

All these forces are lined up against the venereal diseases, and they are all essential. Recognition of the need for a cooperative approach in this fight is basic to the program of the Social Protection Division of the Office of Community War Services. The true measure of its effectiveness comes only as it works side by side with all the others against the common enemy.

The Social Protection program aims to hit venereal disease at the source, by cleaning up its breeding places. This it does through the repression of prostitution and sexual promiscuity and through a redirection and preventive program to help women find ways of life which do not lead to promiscuity or, through the murky trail of the facilitator, to houses of prostitution. Social protection aims to keep the enemy from growing stronger while the medical forces attack him and defeat him.

Through the Social Protection program, the police have become partners with other community groups in the web of resources tightening around syphilis and gonorrhea. It is their responsibility to control conditions leading to prostitution and promiscuity and to initiate official action against offenders, particularly third parties and procurers. Since 1939, red light districts have been closed in more than 600 communities in this country. But the holdouts are numerous. Where redlight districts still operate they remain a source of resurgence for the nation-wide practice of segregation and inspection which it might be our misfortune to face again if we become indifferent or inefficient.

We should be constantly aware that some of the women and girls who were professional prostitutes, before the present drive for law enforcement forced them out of business, are going to return to prostitution. There is no doubt that the promoters of commercialized prostitution believe they can revive their lucrative business when war ends. I suppose that most of them now are dealing in the black markets, but those shabby parasites will be back again wherever there is a loose dollar to be made. For there are human parasites, as well as parasites that live on humans; and in this case they provide the nucleus for the future stock of prostitution. Girls who have operated on their own during the war, whether "for free" or "for hire," are prospective candidates to increase that stock. There is but one conclusion to draw: Prostitution is not

dead in this country. It is only dormant. And right there, comes postwar problem No. 1 on the social protection front.

At this point it is well to mention a few of the things for which Social Protection is striving in connection with its law enforcement work. We will, of course, continue with our two major objectives: First, to drive relentlessly against all persons who profit from the business of commercialized prostitution; and, second, to clean up or wipe out the places which contribute to its existence. But in accomplishing these ends, we seek the use of certain police procedures, important in the treatment of sex offenders but equally sound in the treatment of all offenders. We realize that the causes of sex delinquency are, after all, fundamentally the same as those for other kinds of delinquency, and that certain basic principles could very well be practiced by law enforcement officials in handling all cases. These are the procedures we are aiming at in connection with the major objectives which I have just mentioned:

First, we look for greatly increased use of policewomen, for greater understanding in our methods of dealing with prostitutes—who, after all, are not a breed apart but members of the human race. Second, we hold that safe, sanitary, and humane detention should be accorded all arrested persons. Third, we believe that arrangements for medical examination and treatment should be made in all cases of detention. Fourth, we strongly support the policy that juveniles should not be detained in jail unless and until every other possibility has been explored and until every effort has been made to return the child to its home. Fifth, we urge that the court should consider a pre-sentence study of background and other factors bearing on the case and impose sentence on the basis of these findings.

In dealing with commercial factors in the problem, we place insistence on driving out the shoddy aspects of those kinds of business which are likely to give facilitators a toe-hold. The decent cab drivers, saloonkeepers, tourist cabin and hotel proprietors join with us in the effort to expel the shoddy from their ranks. The American Hotel Association, the Association of Taxicab Owners, the Brewing Industries Foundation, the Conference of Alcoholic Beverage Industries, and tavern owners associations—all have passed resolutions giving their support to the Social Protection program. They have not been content with lip service. They have undertaken self-education and self-policing programs which have been of great help in the work of Social Protection.

Perhaps nothing better exemplifies the close inter-dependence of the several fronts in this total strategy of attack than the relationship of the police to the health authorities in this control program. These two forces work shoulder to shoulder in the fight against venereal disease. Through the police, numerous cases of syphilis and gonorrhea which otherwise would not be located are called to the attention of medical authorities. It is the policeman's duty to notify the health department when an arrest has been made because of a sex offense: But the police job is to prevent crime

and to arrest offenders in contrast to that of the health officer—who locates and treats diseased persons. It is important that this distinction be made clear, because too often there has been confusion as to whether the police and the courts were dealing with a criminal problem, a health problem, a behavior problem—or all three.

It cannot be emphasized too strongly that it is no crime to have syphilis or gonorrhea. In a broad sense, however, it is certainly a crime to spread disease, and many states have made the spread—not the *having*, but the *spread*—of venereal disease a cause for criminal action.

In any event, persons arrested for sex offenses should be charged and tried solely on the basis of offense as defined by law. The business of locating infected persons is ordinarily a public health function and not a police function, except that there are cases in which the health department may call upon the police for help. It is not law enforcement's responsibility to see that the beds in the sixty-three Rapid Treatment Centers in this country are filled, and they should not be asked to do so. It is true that many of the patients who have been treated in the Rapid Treatment Centers were at one time involved with the police, but their subsequent admission to the Rapid Treatment Centers was on a voluntary basis.

Even these few highlights indicate the complexity of this business of venereal disease control. It is a battle on many fronts; and no front has the whole answer within itself. Each must work in close harmony with all the others.

Case histories from the Rapid Treatment Centers are another evidence of this complexity. I have never seen one that does not show certain problems of social background that need attention. Patients coming to venereal disease clinics and Rapid Treatment Centers often have social and emotional problems which are related to illness or medical care. Such problems can have far-reaching effects on the future behavior of the patients, and so far, they have not in most cases been handled adequately. Whether the patient, in particular the woman patient, goes to a Rapid Treatment Center or to a clinic, she sometimes shows real fear of treatment and fierce resentment or chagrin about her infection. She may have difficulties related to housing, to lack of recreational opportunities, or to the sheer business of earning a living. In addition, if the patient who goes to a Rapid Treatment Center has children, there are usually problems relating to the care of the children while treatment is being given, arrangements about the living quarters she is leaving and to which she may return, about job interruption, pay checks, rent, clothing, relatives and so on. And the male patient may have similar problems. They are all typical of the difficulties which must be handled on the welfare front.

In our economy we can afford to pay for these services. If anything has been made clear in the last three or four years, it is that we have a productive power in this country which will make it

possible to enlarge the kind of work you are engaged in as well as the work of those services which aid you in it—the social service and the welfare service. In any society such as ours, it is obvious that the number of people actually needed to produce food and other essentials is diminishing and the efforts of increasing numbers of our people can be devoted to bolstering the things we consider fine in human personalities and in community life.

The miracles of medicine, if I may pay tribute to them again, have helped us to define more sharply the relationships of the medical and the welfare fronts in the venereal disease control program. We are much clearer about the procedures through which they should work together now than we were even a short time ago. The reduced periods for treatment of gonorrhea and syphilis make it impossible to provide extensive case work service at the Rapid Treatment Center and at the clinic. But we do need a skilled worker at the Rapid Treatment Center to whom the patient can turn for guidance on her personal and social difficulties. We need a worker who can provide short-contact case work service, not unlike the intensive service so well developed by Traveler's Aid and some Selective Service boards. Such a worker can refer the individual to the appropriate social agency within the community for whatever continuing service may be needed.

At the clinic, the social and emotional problems of the patient can usually be referred by the medical social worker in the health department to appropriate social agencies in the community. But if there is no medical social worker, clinic personnel should be trained to make effective referrals. Local and private welfare agencies should provide consultation wherever necessary, until this training is complete; but they should not give such assistance with the idea that they are taking over a function which properly belongs to the health department.

The problems which must be handled on the welfare front have their roots deep in the social and economic problems of the past, and they throw some ugly shadows into the future. They cannot be ignored. It took will power and courage for the pioneers in this field to undertake venereal disease control as a public responsibility; just so it will take real determination to make the handling of the welfare needs of infected persons a comparable responsibility of government. The redirection aspects of the Social Protection program are working toward this end.

The Social Protection Division has had a community organization job to do. It has had to identify and define the community-wide problem on the one hand, to take stock of resources to meet the problem on the other, and to focus both views effectively in one clear-cut community-wide program. It has struggled to coordinate law enforcement, health, welfare and other services in towns throughout the country. This important task has been accomplished through the organization of community Social Protection Committees with membership representative not only of law enforcement, health,

welfare and the military services, but also of other vitally interested groups, with the aim of gaining citizen understanding, support and participation.

This job of coordination is one of the most important contributions made by Social Protection to the venereal disease control program. It has broken the ground for the kind of all-out community-wide cooperative attack which must be made, if this enemy is to be completely beaten.

Important in the fight against venereal disease is, of course, the moral front. This field is as complex as it is important. While it is primarily the job of the church, the home and the community, every person must drive on it in his own way. The efforts of any group—medical, political or social—do not assume that social responsibility is a substitute for individual responsibility. Each complements the other and both are equally imperative.

While the moral front is not the immediate responsibility of government, public agencies want to back up the work of the church, the home and the community—for they are the guardians of this important trust.

There is still one more field of operation which certainly must play an increasingly important role in the future, though it has not been too widely developed so far. If we can look ahead to the peace and visualize the picture as it will be when the military no longer holds its present strategic position in venereal disease control, we will realize that a public opinion front must be opened up to take its place. Public support will be given to this program because venereal disease is esthetically wrong and morally wrong, because it is expensive, and because men everywhere, if they know the facts, will strike out against disease. Military service provided new opportunities for education of millions of Americans in venereal disease control. But this is temporary—and education is a long slow process. The key to its success is repeated and widespread dissemination of the facts. As the war incentive disappears, the venereal disease control program must enlist continuing and increasing support from the citizens of the country. This it can do through extensive educational programs to drive home in the minds of the American people the seriousness of venereal diseases.

We are frequently asked these days, "What will happen to the repression program during the demobilization and postwar period? Will houses of prostitution stay closed after the war and will the Social Protection Division of the Federal Security Agency continue to give national guidance to these phases of the venereal disease control program?"

The question will just about come down to this: Will we take the same measures to prevent the ravages of venereal disease in peacetime that we have taken for war? That question must be answered as all other public questions should be answered in a democracy—by the people themselves.

Certain it is that during the first years of peace, as during the war, the question of venereal disease control cannot be answered without some attention to the law enforcement front as well as to all others. In August of this year, the International Association of Chiefs of Police passed a resolution urging that the repression program be "vigorously supported during the war and thereafter." They took a strong and courageous stand. But after the war law enforcement cannot carry on in the field of social protection as effectively as it does at present unless it continues to receive the national and community support it now has.

Regardless of repression, it is certain that programs for prevention must be stepped up now and in the postwar period. As venereal disease is conquered, the forces which tend to degrade women and to make the higher purposes of sexual life meaningless must also be overcome. As the newer methods of therapy become more readily available to everyone, it becomes increasingly important that we provide opportunities for boys and girls and men and women to meet socially in wholesome environments. Some people fear there will be a wave of sensuality and far-flung promiscuity after the war, because the bars are down and physical dangers have been minimized. Community-wide recreation programs will do much to prevent that kind of demoralization.

I cannot look at the new scientific developments with pessimism. To me progress on the medical front ties in closely with progress on all the other fronts of life. They must all go forward together. Elimination of infection is only part of our job, just as the business of keeping people free from disease in general is only part of the job of the physician. Increasingly, members of the medical profession are taking this far-seeing approach to their work.

We don't want our people to be warped in any fashion—morally, physically, emotionally, mentally, sexually. The consummation devoutly to be wished is a full, well-rounded, well-balanced way of life for children and young people and their elders; the end result will be strengthened family life. We should not fear the changes which newer times and newer scientific developments bring. Our only fear should be that we ourselves might become so static that we could not forge ahead with the new and sharper weapons which a generous Providence has bestowed during our lifetime.

As our neighbor from Norway* pointed out—and we are neighbors now—disease may be amphibian; it may attack on any front. We can no longer escape the fact, brought home to us by this world melee, that we are coming closer together on this crowded planet all the time. Though it was first said hundred of years ago, it becomes increasingly apparent that we are tied up together in this whole business of living.

I do not agree that human nature does not change. Even such a basic human relationship as marriage has changed; for until com-

* Dr. T. Guthe, speaking at the International Session of the same Conference.

paratively recent years, it was a business and a biological fact, without the deep sentiment and the sanctity which now characterize it. When I think of the bestial cruelty of earlier wars and the treatment of people in other ages, I can find reasons to hope this chastisement we are now experiencing will bring some opportunity to realize more fully the potential strength and stature of mankind. I don't believe that the human animal has yet scratched the surface of its own endowments and its own dignity.

As we go forward with you in this whole program—which will make life more interesting, satisfying, and happier—I believe it will have as its base the fact that we cannot violate the personalities of others. With that realization in the hearts of the people, the deep, the true in life will find a greater expression than it does today. It may be that from what we have seen and what we have heard here in the last three days we can say for the conquest of venereal disease, "In our time."

"Probably what we need is not merely 'postwar planning' about which we now hear so much, nor prolonging the emergency measures which were forced upon us by suddenly conspiring circumstances. The call is for a re-examination and reconstruction of our program, the elimination of all that is outmoded, the adaptation of sound fundamentals to conform to altering conditions, the incorporation of sufficient flexibility to promise that we can absorb coming shocks with a minimum of dislocation between plan and performance."

CHARLES E. LYGHT, M.D.

*in an address before the annual meeting of the
Louisiana Tuberculosis Association, April, 1944.*

REPORT OF THE SECTION ON EDUCATION AND COMMUNITY ACTION

NATIONAL CONFERENCE ON POSTWAR VENEREAL DISEASE CONTROL,
ST. LOUIS, MISSOURI, NOVEMBER 9-11, 1944

W. F. SNOW, M.D., AND H. H. HAZEN, M.D.
Chairman *Secretary*

Four considerations influence the report and recommendations of the Section on Education and Community Action:

1. The family is the basic unit of our society. Syphilis and gonorrhea and the promiscuous sex habits which spread these diseases are a grave threat to the family as an institution as well as to the public health.

2. The major part of the fight against syphilis and gonorrhea must take place in the community, and must be supported and joined by all important elements of community life. The local health department is primarily responsible for prevention and control of venereal diseases. However, definite responsibility is also borne by local law enforcement, social protection and welfare agencies, the medical and allied professions, and by schools, churches, and civic organizations. The influence of these varied interests and agencies is most efficient when mobilized through a carefully planned program of cooperative community action.

3. To control venereal diseases effectively, influence must be exerted on the attitudes and actions of venereal disease patients, their contacts and the public. Therefore, education of the patient and of the general public in the nature of these diseases, the modes of transmission, and the necessity for early and adequate diagnosis and treatment is an indispensable part of the prevention and control process.

4. There is urgent need *now* to maintain and increase the fight against venereal diseases. In addition, psychological, emotional and economic problems arising from war and demobilization are likely to create an even greater need in the postwar period.

FAMILY PROTECTION

Since sexual promiscuity is the principal cause of the spread of infection and because protection of the family unit is the concern of all citizens and public officials, the health officer should give utmost support to those agencies and influences which help to develop in members of the family group patterns of conduct which avoid promiscuity.

Education in the home, school, and church which is in harmony with sound social and psychological principles will be most likely to develop habits and attitudes leading to proper expression of the sex urges. To be most effective such education must be concerned primarily with improving individual adjustment, strengthening and conserving the family, and improving the community

life. Proper facilities for preparing parents and teachers for these educational tasks should be established and supported by States and communities. If necessary they may be begun as part of the long range programs for venereal disease control or general health education. The principles and procedures basic to such education should be developed by qualified professional personnel. Preparation for teaching and consultation should also be made available to practicing and student clergymen.

In addition to their medical and public health aspects, the venereal diseases are "symptoms" suggesting poor sexual behavior, marital maladjustments, psychiatric problems, and in many instances, substandard or abnormal economic and environmental conditions for families and children. Thus, in the interests of public welfare and protection of the family unit, many activities not immediately associated with disease control which are performed by social hygiene, mental hygiene and social welfare agencies need support and expansion.

RELATED WELFARE AND SOCIAL SERVICES

Summarized briefly, these activities include psychiatric counseling, child welfare and protection, provision of a wholesome environment for youth, sound educational programs reaching adults as well as youth, and the development of a community consciousness of the importance of these and other socially desirable conditions and services essential to healthful and constructive living.

In the field of social welfare work, there are certain minimal services directly related to venereal disease control which should be available. These specific services include social case work service to or within law enforcement departments, courts, venereal disease clinics and rapid treatment centers.

Service to or within the police department should include interviewing and referral to appropriate community agencies for treatment and for social services. Services to or within the court should include assistance in the preparation of suitable pre-sentence study following conviction, and competent probation supervision. Services to or within venereal disease clinics and rapid treatment centers should include assistance to patients for the personal or social problems related to illness or medical care and to social redirection or rehabilitation.

MORAL FACTORS

The moral factors inherent in the spread of venereal diseases have received increased attention in recent years. Public health leaders have realized that the extent of the problem and the success or failure of venereal disease control efforts are strongly influenced by standards of sex behavior. The health officer, therefore, has a professional and official interest in the influences which help determine those standards. It is his official duty to support those influences and organizations which seek to reduce promiscuity through ethical and spiritual means for the same reason that it is his recognized official duty to oppose the influences and interests which tend to increase promiscuity.

With the development of safer, faster and more convenient treatment for syphilis and gonorrhea, an important aspect of cooperation with churches, schools and parents is to avoid giving the public the false impression that promiscuity has been made safe. Of equal importance is the avoidance of a similarly false impression through the indiscriminate distribution of information about prophylaxis.

It is obvious, however, that sexual morality should not be taught to young people primarily because it serves as a method of avoiding venereal disease infection. Sex promiscuity is only one of many "symptoms" of departure from the moral and ethical principles upon which our culture is based, and venereal disease is only one of the many damaging results of misuse of the reproductive instinct.

As the health officer has an obligation both officially and as a citizen to support those who are responsible for the moral and ethical development of

the community, so have the church, the school, and similar institutions an equal obligation to support the community health program. Leaders of church, educational, parent-teacher, civic and welfare organizations increasingly realize that, as presented to the public by health authorities, the sober facts of the venereal disease problem and the measures necessary for control provide powerful support for programs aimed at improving the spiritual and social environment. They also recognize that better community health is the concern of all who profess special interest in the total welfare of human beings, and that without good health many spiritual and social values other than good sex behavior are more difficult to attain.

This commonalty of interests dictates close cooperation between medical and public health forces and the leaders of religious, educational, and character building groups. More study and evaluation of the various means for developing this cooperation are needed, and will be undertaken by other committees.

VENEREAL DISEASES AND SOCIAL HYGIENE EDUCATION

All people need accurate information about the venereal diseases appropriate to their age and cultural status. The information to be given the general public about the extent of the problem and the medical measures for control should be provided by the health authorities, the medical profession, and responsible research agencies. As an indication of what can be accomplished through consistent education of the public, physicians, health departments and special groups, the Section calls attention to the steady decline in the reported incidence of congenital syphilis observable in many areas, and to the virtual disappearance of gonorrheal ophthalmia.

The effective telling of these facts is not only the prerogative of official health authorities, but also an essential part of their responsibility for providing leadership and stimulus to the whole program of cooperative action at local, state, regional and Federal levels.

Active use of the various channels of public information and education is important. The press and radio, motion pictures, posters, literature, lectures and discussion groups all should be used to the fullest extent possible in accordance with the extent of the problem and the particular educational needs of the community. All people of the community must be reached with this information in such a manner as to provide motivation and public approval for specific action. In carrying out this phase of his responsibility with efficiency the health officer will often need the assistance of voluntary or paid health educators and information specialists.

To carry out at the national level responsibility for securing the informed citizenry whose support and cooperation are essential in eradicating the venereal diseases, the U. S. Public Health Service should provide ample funds for an active health education program, including preparation of materials to be used in State and local programs and provision of expert advisory services in health education and community organization. Federal provision should also be made for research in the most effective educational methods and materials, including evaluation and demonstrations. The Public Health Service should also serve as a clearing house for the interchange of ideas, programs and materials between the various state and local educational programs, and should maintain close contact with the health authorities of other nations in this particular aspect of venereal disease control so as to aid the prevention of international spread of infection.

It is important that similar provision be made by State and local health departments for the effective conduct of venereal disease education, including purchase or production of materials, use of qualified personnel and the provision of demonstration and consultative services to cooperating official and unofficial agencies.

PATIENT EDUCATION

Medical officers in charge of venereal disease clinics or rapid treatment centers, and private physicians have a professional obligation to provide venereal disease patients with the basic facts about these diseases, how they are contracted, diagnosed, and treated, and how they may be avoided and prevented from spreading.

It is believed that the all-important contact-tracing phase of organized venereal disease control, as well as the prevention of reinfection of patients, will be greatly facilitated by realistic and intelligently applied patient education. To carry out this education in clinics and rapid treatment centers it is essential that all staff members coming into contact with patients or suspects be thoroughly trained in the essential facts of venereal disease diagnosis, treatment, epidemiology, prevention, the importance of patient education, and the methods by which it may be achieved.

For instruction of patients and other persons who have not had the benefit of or obviously will not respond to ethical, moral or intellectual teachings, physicians, clinics and rapid treatment centers have an obligation to impart the scientific facts regarding personal prophylaxis. The Joint Prophylaxis Committee report of the Public Health Service and the American Social Hygiene Association is approved by this Section as a detailed statement on this problem and on prophylaxis procedures.

EDUCATION IN SCHOOLS

It is recognized that in recent years the secondary school has had to assume much of the non-academic teaching and character training formerly supplied in the home. Principles of personal and social conduct are formed by many youths on the basis of their school experiences. Obviously, it has become necessary to include in the schools in many communities instruction in personal ethics and conduct. Since promiscuity and venereal disease are dangerous to the family, teachings of the character generally described under the headings "Preparation for Family Life," "Health and Human Relations," "Social Hygiene," et cetera, should be included in the formal curriculum. It is strongly recommended that this instruction be conducted only by teachers who have had adequate training, and who have the appropriate qualifications in personality and experience. The activities of Federal and state health departments, boards of education, and colleges in providing teacher training courses, institutes and workshops are commended and their expansion is urged.

It is also strongly recommended that general health education be conducted in schools, including instruction in personal hygiene, public health and sanitation, the structure and physiology of the human body, and information about the communicable diseases. This Section strongly condemns the practice of many schools of omitting the human reproductive processes from the study of physiology and biology, and elimination of venereal diseases from the study of communicable diseases. Also condemned is the common practice of confining venereal disease and sex hygiene instruction to the occasional brief and usually rather furtive and abrupt "lecture" by a visiting physician or nurse, with no opportunity for competent advice or consultation following such lectures. It is believed this shortsighted type of education is more harmful than beneficial to many students.

TRAINING IN PROFESSIONAL SCHOOLS

The Section is of the opinion that up to the present time the public health aspects of the venereal diseases have been insufficiently taught in the medical schools of the United States, and that it is urged upon those responsible for the arrangement of the curricula to correct this deficiency. The Section has the same opinion regarding the training of public health nurses and social workers.

COMMUNITY ORGANIZATION AND ACTION

In order to bring about the public action necessary to develop and maintain effective local conditions and practices in support of the medical control program

communities must often be mobilized and organized. There are, of course, organizations present and already at work in many communities whose objectives are synonymous with or directly related to venereal disease control. Social hygiene societies, social protection committees, wartime health councils, councils of social agencies, and various specialized health associations are examples. But in many areas there are no such groups; and sometimes even when they are present they may be ineffective or unwilling to cooperate. It becomes of paramount importance, then, that State health departments, the U. S. Public Health Service, The Social Protection Division, and The American Social Hygiene Association, cooperatively promote organization in those communities where organization is lacking and where the problem is severe.

The Section on Education and Community Action recommends the practice of stimulating laymen to study all types of health problems for the purpose of developing organized methods for their solution, often leading to the creation of a lay Community Health Council. This may be city- or county-wide in scope depending on the nature of the area; and it may direct its efforts toward improving all types of local health conditions, bearing in mind, however, the urgency and importance of the venereal disease problem, and the practical program for their eradication which has now been demonstrated. Where there are several health groups already presented they may wish to form a Council to serve as a coordinating as well as a promotional body.

Often a Community War Council, or similar civic coordination body already exists and may be persuaded to consider health and venereal disease control measures as an integrated function of the organization.

In the absence of these facilities the following procedure is recommended:

1. Under the auspices of one or more responsible public or private civic bodies, call together a group composed of designated representatives of city and/or county commissioners, bar association, medical society, chief of police, county sheriff, city and/or county health department, board of education, chamber of commerce, merchant's league, service club, ministerial associations, inter-racial committee, welfare association, labor group, parent teacher groups, voluntary health agencies, social hygiene societies, and social protection committees and similar groups which have some professional or community interest in the field. The facts of local health conditions should be presented and thoroughly discussed, the group asked to plan for solution of the problem. This often leads to the appointment of a steering committee and the selection of a number of influential and public-spirited citizens and officials to serve as a board of directors responsible for drawing up a comprehensive tentative plan. A small executive committee should be chosen and a chairman elected from among the members of this group to meet with various appropriate officials to draft the program. This should be put in writing. Assistance in this drafting process can usually be had from the State or local venereal disease control officer, health educator, and social protection or social hygiene representatives.

2. It has usually been found helpful to encourage interim interest and activity of the members of the board of directors by designating several sections, with a capable and influential specialist serving as chairman in charge of each. The following Sections are usually included:

- a. Law Enforcement
- b. Social Welfare
- c. Health Education and Information
- d. Medical Services
- e. Group Participation

3. It is recommended that each section be responsible for its share of the total program, and that their day-to-day activities be coordinated through an executive secretary responsible to the Executive Committee of the Board. Where possible this secretary should be a full-time employee, experienced in community organization work, and thoroughly familiar with the community and its problems.

4. No community action campaign is successful in the long run unless it reaches and motivates the average man. It is his health we are concerned with

and his cooperation obviously should be secured. Education alone will not suffice; active public participation is required.

5. Because venereal diseases are closely tied up with personal habits and emotional adjustments the mental hygiene aspects of a control program should not be overlooked. It is recommended therefore that preventive mental hygiene and corrective personal guidance activity be specifically included in the program of the community committee, probably under the supervision of the social welfare section.

The value of the generalized health approach, particularly from the long range viewpoint, lies in the greater likelihood that citizen interest and participation can be elicited and maintained, and in the administrative soundness of such procedure. There is a minimum of emotional or prejudicial opposition. Venereal disease, as one of the urgent community problems of our time, must receive its full share of attention from the whole community.

NEGRO PARTICIPATION

Because of limited economic, social and educational opportunities and other conditions which have aided the spread of the venereal diseases widely among members of their race, Negro leaders are most anxious to cooperate actively in national, state and local control efforts. In many areas some of the most effective preventive and educational work has been accomplished principally because of this cooperation. Therefore, it is recommended that particular attention be given to securing full participation from responsible Negro leaders in all phases of community organization for venereal disease control.

Long range programs for social hygiene and venereal disease education in schools and clinics in areas having a sizable Negro population should make full use of qualified Negro professional and community workers and provide special training for Negro teachers. In the production or purchase of educational materials, Federal, state and local health departments and other interested organizations both official and voluntary should include poster, pamphlets and visual materials especially designed on the basis of the experience and requests of these qualified workers.

OTHER SPECIAL GROUPS

It is recognized that in addition to the patients of private physicians, clinics and rapid treatment centers there are many other groups of youths and adults which should be reached through education as a factor in case-finding, case-holding and prevention of exposure. Of particular importance are persons who are separated from the normal influences of an established home, family and friends, recreational facilities, and other environmental safeguards. In their search for recreation and friendship many of these persons, particularly those who have not had the benefit of appropriate teaching and training in self-control in their childhood and early youth, are likely to become exposed and infected by venereal diseases. This likelihood, however, could be reduced through realistic and vigorous education pointing out the possible consequences of promiscuity, suggestions for less dangerous and more satisfying types of activity, symptoms of infection and the need and availability of diagnostic and treatment measures. There will remain certain individuals who cannot or will not avoid exposure but will profit by prophylaxis instruction, and every appropriate means should be employed to inform them.

PREVENTION OF PROSTITUTION AND PROMISCUITY

In 1941 the Federal government established as an integral part of the program for wartime venereal disease control in the Federal Security Agency, a Social Protection Division, to be responsible for implementing Point 6 of the Eight-Point Agreement adopted by the Army, Navy, U. S. Public Health Service and the Conference of State and Territorial Health Officers. Point 6 established an official Federal and state policy for prostitution repression as a measure necessary to

effective venereal disease control. It defined responsibility and promised cooperation in the following words:

"The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the state health departments, the Public Health Service, the Army and the Navy will cooperate with the local police authorities in repressing prostitution;"

Under the general coordination of the Social Protection Division red light districts have been closed in more than 650 communities throughout the United States. Wherever the repression of organized prostitution was effective, infection rates declined in nearby Army and Navy establishments.

In spite of law enforcement's success in wiping out organized prostitution, there are indications that advocates of the segregated district, and those who profit from the prostitution racket, are awaiting relaxation of wartime controls with full plans for a return to "business as usual." The Section therefore urges Federal, state and local governments and responsible citizens everywhere to oppose this threat with every resource.

Experience gained during the present war supplements previous demonstrations that an effective social protection program on an organized, official basis can provide invaluable assistance to venereal disease control, and that it should include the following major functions:

1. Enforcement of all laws which relate to the repression of prostitution and promiscuity.
2. Stimulation of public interest in, and support for, adequate medical and social services and facilities.
3. Development of individualized social services for those persons participating in unlawful sex practices, and in cooperation with health and medical authorities for those undergoing medical treatment for venereal diseases.

To carry out those functions on a coordinated nationwide scale representatives of the Federal government should cooperate with states and their communities, placing technical experience and skill at the disposal of the state and local health, law enforcement and welfare agencies. This Section of the Conference recommends the continuance of social protection facilities and qualified personnel for fully coordinated Federal, state and community programs.

The sociological problems of prostitution and sexual promiscuity are exceedingly complex. They are fostered by economic forces which decree that the ability to earn an independent existence shall precede marriage; thus legitimate sexual relationships are delayed beyond the age of sexual competence and desire. These problems are made more acute by feeble-mindedness, sex precociousness, poor home environment, lack of recreational and community services and by many other undesirable conditions, all of which are aggravated in time of war and of post-war reconstruction.

The ultimate solution of the prostitution problem involves the fields of economics, sociology and human relations. It must be determined what causes girls and women to become prostitutes, and preventive measures should be applied *before* they become habitual sex offenders. A society which continues to neglect the basic causes of prostitution, or to protect those who are incapable of protecting themselves, is as "anti-social" as the prostitute and her patrons.

PREVENTION OF SEXUAL PROMISCUITY

The war impact upon communities, with its accompanying disorganization of family life, laxity in moral restraints, and emotional hysteria, is partly responsible for the increasing number of venereal disease cases attributed to the promiscuous amateur. Mothers and fathers are often absent from their homes and lose their influence over their sons and daughters. In addition to this freedom from parental restraint, often there is freedom from financial restraint as young girls and boys

are able to command good salaries in war plants and other jobs. Unfortunately they do not know how to use this freedom. The result is reflected in widespread juvenile delinquency and an increase in sex delinquency among young people.

The home, the school, the church and the community at large are responsible for this situation, and should not permit conditions to exist which lead to the doors of the courtroom or venereal disease clinic.

FUNCTIONS OF LAW ENFORCEMENT AGENCIES

The success of police action in the repression of prostitution and the apprehension and detention of people connected with prostitution, sexual promiscuity and related misdemeanors, depends largely upon the correct definition of law enforcement's function, and the extent to which workable and sound relationships are established with the health and welfare agencies of the community.

LEGISLATION

In this connection, it must continually be reiterated that law enforcement officers can work only within the framework of the criminal law, as differentiated from protective health and social welfare laws, rules and regulations. Law enforcement officers should not arrest, hold or detain women and girls simply because they "suspect them of having a venereal disease." Nor should law enforcement officers be used as "contact-tracers" by the health department. Only after the health department has exhausted its resources for locating or interviewing persons suspected of venereal disease, should it furnish the law enforcement officer with a health warrant or quarantine order so that the person may be detained for examination. Under our legal code, it is no crime to be infected or suspected of being infected with a venereal disease. Also the discovery that a person who has been arrested is not infected, does not justify dropping the charge.

Persons arrested on morals charges should be examined for venereal infection. In the case of juveniles, such an examination should never be made without the explicit permission of the child's parents.

The success of police action depends upon cooperation from the Courts. But the Courts' hands are tied without adequate legislation. Offering advisory services for the preparation and submission of appropriate legislation is one of the functions of an official social protection or a voluntary social hygiene agency. State health laws for VD control, and laws against prostitution and allied activities should be revived, amended or initiated where needed. Injunction and abatement laws under which houses of prostitution may be closed should be strengthened and enforced. Preventive legislation, such as laws specifying wages, hours and types of employment for girls under 18 years of age, licensing laws prohibiting the sale of liquor to minors, drunken persons, et cetera, along with local ordinances for "protective" services, all come within the purview of social protection.

COURTS

The presence or absence of venereal disease is not a factor to be considered in the determination of innocence or guilt by the Court. What the Court does with persons apprehended, taken into protective custody, or tried for a criminal offense is, however, definitely of importance to social protection, and venereal disease control. Offenders against anti-prostitution or promiscuity laws should, if possible, be given the kind of sentence, probation, or case work service which will be most helpful in keeping them from returning to the activities which brought them to the attention of the Court.

After a person is judged guilty or not guilty, the Court should withhold sentence until a study has been made of the health, personality and social background of the offender. This pre-sentence study helps the Court determine what would be the best method of making provision for the readjustment of the individual from the standpoint of his or her welfare, as well as that of society.

MEDICAL TREATMENT IN RELATION TO COURTS

If a person who is infected is sentenced to a jail, reformatory, or prison, provision should be made for treatment there. Courts should not commit infected persons to rapid treatment centers. No person should be held in any rapid treatment center under bond, penal restraint, or court order. However, if probation is granted, and faithful attention to treatment is made one of the conditions of probation, experience has shown that it is practicable for a rapid treatment center, VD clinic, or private physician to cooperate with the court authorities by furnishing medical treatment.

DETENTION FACILITIES

Increased attention should be given to the provision of safe, sanitary and humane detention facilities for all persons arrested on charges related to prostitution. Juveniles should not be detained in jail and every effort should be made to return the child to his home. If the juvenile is a runaway from out of town, has no home, or if it is not considered advisable to send him home, every effort should be made to find a suitable place, other than the jail, where he may stay while awaiting the action of the court. Younger persons should be separated from older and confirmed offenders. Persons with communicable diseases should be separated from well persons, and a matron should be in attendance wherever female offenders are detained.

FUNCTIONS OF HEALTH AGENCIES IN RELATION TO SOCIAL PROTECTION

While the diagnosis and medical treatment of venereal diseases is the responsibility of professional medical practice, the elimination of the venereal diseases demands the practical use of all resources—non-medical as well as medical.

Health departments have within their own authority both the power and responsibility for bringing under medical treatment all persons known or suspected of having any infectious venereal disease.

The health department should inform the police department of places to which the spread of venereal diseases has been traced, and request appropriate investigation and action against the offending establishments and persons (including hotels, taverns, taxicabs, and tourist camps). Similarly, health departments are responsible for furnishing information to the courts as to the existence and circumstance of known infections in order to assist the courts in making proper disposition of offenders.

FUNCTION OF SOCIAL SERVICES

At no time should it be forgotten that prostitutes, promiscuous persons, and those who are infected with venereal diseases are human beings, with complex feelings, motives and habits. Thus, in dealing with those who come in contact with the authorities (whether medical, correctional, preventive or rehabilitative) these factors must be taken into account. Services should be made available to these people in keeping with their needs and in a manner which they can accept.

Public and private welfare agencies have made a beginning in assuming responsibility for this type of service. A clear delineation of the social service function is necessary so that it does not interfere with or assume police nor health functions.

Social case work's function is to help the individual to utilize his potentialities for handling difficulties within his own individual situation. The case work services of public and voluntary agencies can be of valuable assistance to the police in dealing with young people against whom there is no charge, and who have not been arrested. Referrals for this type of service are usually most effective when there is a policewoman or juvenile aid bureau within the police department. The appropriate social agencies should make their services available both day and night; should use initiative in dealing with the individuals brought

to their attention; and be prepared to deal with unusual situations with great flexibility.

Many patients coming to venereal disease clinics or rapid treatment centers can profit from case work treatment as well as medical care. Experience has shown that such service under these conditions can be most effectively carried out through medical social services provided by the responsible health authority operating the clinic or center. Both public and private welfare agencies should help patients before they enter the rapid treatment centers to solve such problems as care for children, arrangements with employers, travel to the rapid treatment center, clothing, et cetera, so that medical treatment will not be complicated unduly by personal problems. Case work services for social diagnosis and referral should be provided in the rapid treatment centers. Services of public and private agencies should be available in the community to those patients who want help with their problems upon discharge from the centers.

Courts should have probation departments which are responsible for making pre-sentence studies and for rehabilitative services. However, in the absence of a probation staff the court may request the services of qualified voluntary agencies in making social, psychiatric, and psychometric studies of the offender *after* determination of guilt and prior to sentence. When there is no probation department the court may request the voluntary agency to accept the offender on probation. Confidential material developed in the course of such supervision cannot be given to the court except with the permission of the client.

Social case work should be available within correction institution as integral parts of the rehabilitation program.

CURRENT PROBLEMS IN SOCIAL PROTECTION

The social protection activities of the Federal, state and local governments now face a critical period. The gains made against commercialized prostitution must be held and further advances made in the war against sexual promiscuity. The weapons of law enforcement, social services and medical treatment must be used wisely and vigorously. The community, the school, the church, the home, must be enlisted in the battle. It must be realized that there will be, eventually, an end to booming war industries, and the armed conflicts in Europe and Asia, but that venereal diseases, prostitution and allied anti-social influences will not automatically disappear with the cessation of hostilities. On the contrary, World War I and other experiences indicate that there is grave danger of a general letdown in repression, prevention and control measures.

In the years to come, when the military forces and personnel in training and industrial employees and our families in homes all need protection, it will be necessary to continue support of the principles of the "Eight Point Agreement," amended and applied to meet peacetime conditions. The essential philosophies and relationships set forth to implement this agreement by the Army, the Navy, the U. S. Public Health Service, the State and Territorial Health Departments, the Federal Security Agency, and the American Social Hygiene Association will be needed during the period of reconversion, and afterwards.

The May Act (Public Law 163, passed by Congress in 1941) makes engaging in, or aiding and abetting, prostitution, a Federal offense in areas designated by the Secretary of War or the Navy. It has proved itself to be a strategic reserve force for aiding and supplementing local powers and authority. It should be extended beyond its present expiration date (May 15, 1945) and amended in such minor ways as may increase its usefulness.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Army-Navy Joint Disciplinary Control Boards Established.—Joint Army-Navy Disciplinary Control Boards, designed to curb the spread of vice as it affects service men, and to coordinate enforcement of military discipline, are now being established in all Army Service Commands and Naval Districts, the War and Navy Departments announced recently. The Provost Marshal General's Office of the Army recommended the setting-up of such boards as a means of unifying the action of Army and Navy authorities to combat problems arising out of prostitution, venereal disease, liquor problems, and other undesirable conditions as they relate to service personnel.

Each Service Command and Naval District is required to establish at least one Joint Board and may form as many others as conditions require. Most of the Nation's larger cities will have these boards which are already operating in New York City, San Francisco, New Orleans, Los Angeles, Seattle, San Diego, Salt Lake City, Dallas, San Antonio, and El Paso, among others.

The *Bulletin of Information* of the Women's Interest Section, War Department Bureau of Public Relations, says:

"Supervision of these problems at a Service Command level will obviate the difficulty which sometimes arose in the past when a local commanding officer declared a bar, restaurant, or hotel 'off limits' to personnel in his Command, but since he had no control over personnel of other services, many were left free to enjoy the doubtful privileges of such an establishment. As the health, morale, and discipline of all troops is of primary concern, it was thought that the Service Command and Naval District were the most efficient geographical units to choose as levels of authority.

"The board is made up of the Senior Naval Patrol Officer, the Naval Venereal Disease Officer, the Army Provost Marshal (or equivalent officer), and the Army Venereal Disease Officer. It has the power to recommend and in some cases to declare an establishment 'off limits' or 'out of bounds' without previous warning to the proprietor, and may recommend the approval of restrictions when conditions are considered satisfactory. Working closely with city and state law enforcement officials, and with appropriate community agencies, it has been demonstrated that results can be obtained promptly when the Army and Navy take steps together to protect their men.

"The plan now being used for continental United States was given a trial in a Pacific Coast area with a heavy concentration of service personnel, and met with the complete approval of the civil authorities and the Army and Navy. An exchange of information between the services made it possible to isolate quickly establishments and areas in which service men were being subjected to vicious practices. This information was then turned over to the city officials and law enforcement bodies went into action.

"Methods which worked well in curbing vice at one location may now be reported for the benefit of those dealing with similar problems in other places—something which was not always possible when the responsibility rested on an already busy commander.

"When a genuine misunderstanding exists on the part of a proprietor whose premises have been deemed unsuitable for military and naval personnel, he may request a hearing before the board to make explanations and discuss the removal of the conditions in question. Other interested citizens may also appear before the boards to report violations.

"The United States Public Health Service, the Office of Defense Health and Welfare of the Federal Security Administration, and the Medical Departments of the Army and Navy have had a working agreement on venereal disease control since 1939. Cooperating with them are State Health Departments as well as the American Social Hygiene Association, and other nongovernmental groups.

"The effort to aid in removing undesirable conditions in civilian communities is a small part of the Army campaign to keep venereal disease and drunkenness to a minimum. At regular intervals lectures are given on the importance of high physical and moral standards, and the heartbreaking consequences of risking exposure to venereal disease. Motion pictures are shown, and carefully prepared literature circulated among service men and women as part of the program of preventive measures."

Federal Council of Churches Adopts New Social Hygiene Resolution.—The national social hygiene program gains fresh support from church groups through the resolution adopted at the biennial meeting of the Federal Council of the Churches of Christ in America on November 30 in Pittsburgh. The resolution, entitled *The Problem of Venereal Disease*, reads as follows:

The Federal Council of the Churches of Christ in America registers its warm appreciation of the great service rendered our nation by the Army, the Navy, federal, state and local public health services, the Federal Security Agency and the law enforcement agencies and officers of our country in the substantial progress which has been made toward the suppression of prostitution and the elimination of the brothel from many communities.

Much progress has been made toward the control of venereal disease. However, following a steady decline in the incidence of such disease among the armed forces during the early years of the war, the trend has recently been reversed and the incidence has been increasing. This change is apparently due to an increase in promiscuity.

It is obvious that the scourge of venereal disease must be attacked on four fronts—the health, the welfare, the legal and the moral fronts. We believe that governmental and other public agencies have a responsibility to present the facts of the situation including quarterly statistical data on the incidence of venereal diseases for states and cities, to the public and to undertake a general educational campaign. Various professional groups and institutions with special competence and responsibility in their respective fields should carry the attack upon the first three fronts and the churches should support them.

This, however, as the Archbishop of Canterbury has said, is not a medical problem with a moral aspect, but a moral problem with a medical aspect, and unless there is much more effective work on the moral front, the other efforts will fail. We therefore urge the churches to undertake an aggressive campaign to restore a general recognition of the fundamental moral standards of Christian family life. Nothing less will afford a sound foundation for strong national life. Ministers should present faithfully to their people the New Testament teaching about fornication. It is the home and the welfare of our nation that are at stake.

Dr. Fischelis Becomes Executive of American Pharmaceutical Association.—Dr. Robert P. Fischelis, director of the Chemicals, Drugs and Health Supplies Division, Office of Civilian Requirements, War Production Board since 1941, has become secretary and general manager of the American Pharmaceutical Association, succeeding the late Dr. E. F. Kelly. Dr. Fischelis left WPB as of January 17 to take over at APhA headquarters at 2215 Constitution Avenue, N.W., Washington, D. C., but will continue to serve in the capacity of consultant to the Office of Civilian Requirements.

Dr. Fischelis has been a principal moving force in the campaign to stop drug-store counter prescribing for VD and to enlist support of the great body of ethical pharmacists in a program of public education through window displays, counter cards, distribution of sound informational leaflets, and advice to see a licensed physician about symptoms of syphilis and gonorrhea. Since its inception in 1940 he has been chairman of the Joint Committee of the American Pharmaceutical Association and American Social Hygiene Association,* and is a member of the ASHA Board of Directors. Before joining WPB he was secretary and chief chemist of the board of pharmacy of the State of New Jersey.

Mr. George K. Hamill has been named Acting Director of the WPB's Chemicals, Drugs and Health Supplies Division to succeed Dr. Fischelis.

U. S. Public Health Service Examinations Announced.—Examinations for appointment of additional medical officers and nurses in the commissioned Regular Corps of the U. S. Public Health Service have been announced by Surgeon General Thomas Parran. Interviews will begin February 5, and written examinations are scheduled for April 23, 24 and 25.

Medical officers will be appointed in the grades of assistant surgeon and senior assistant surgeon, corresponding with the grades of first lieutenant and captain in the Army. Applicants must be citizens of the United States, graduates of recognized medical schools, and must be serving, or have served, a year's internship. Senior assistant surgeons must have four more years of professional training or experience.

Nurses will be appointed in the grades of junior assistant nurse officer, assistant nurse officer and senior assistant nurse officer, corresponding with the grades of second lieutenant, first lieutenant and captain in the Army.

The Board of Examiners will meet applicants in Marine Hospitals as follows: Boston (Brighton), February 5, 6; New York (Stapleton, Staten Island), February 7, 8, 9, 10; Baltimore, February 14, 15; Norfolk, February 16, 17; Savannah, February 21, 22; Cleveland, February 26, 27; Detroit, February 28; Chicago, March 1, 2, 3; Kirkwood, Mo. (near St. Louis), March 12, 13, 14; Louisville, March 15; Memphis, March 17; Galveston, March 21, 22; New Orleans, March 23, 24; Mobile, March 26; San Francisco, April 5, 6, 7; Seattle, April 10, 11, 12.

Interviews also will be conducted in the U. S. Public Health Service Dispensary, Washington, D. C., February 12, 13, March 5, 28, April 18; the

* See annual report of this Committee by Dr. Fischelis, *Pharmacy in the Wartime Educational Campaign*, JOURNAL OF SOCIAL HYGIENE, December 1944, page 554.

Office of Indian Affairs, Minneapolis, April 16; the Public Health Service Hospitals, Fort Worth, March 19, 20, and Lexington, Ky., March 16; the Office of Malaria Control in War Areas, Atlanta, February 23; and the Public Health Service Relief Station, 406 Federal Building, Los Angeles, April 3, 4.

Application blanks may be obtained by writing to the Surgeon General, U. S. Public Health Service, Washington 14, D. C., or at the time the applicant appears before the Board of Examiners.

Penalties for VD Infections Among Armed Forces Repealed by Congress.—An Act of Congress, signed by President Roosevelt in September, 1944, repealed Section 2 of the act approved May 17, 1926, which provided for forfeiture of pay of persons in the military and naval service of the United States for absence from duty because of venereal diseases. The new measure abolishes all punishment of members of the armed forces for the acquisition of venereal diseases, provided only that the infected person complies with Army or Navy regulations requiring him to report and receive treatment. Failure to report such infection remains punishable by court martial. Pension and compensation benefits if disability results are also extended as in the case of other infectious diseases. Such a measure had long been urged by the Army Surgeon General, by the Subcommittee on Venereal Diseases of the National Research Council, and by other authorities in social hygiene and preventive medicine, as an aid in curtailing concealment of infection, self treatment and treatment by nonmilitary personnel.

The text of the Act reads as follows:

[PUBLIC LAW 439—78TH CONGRESS]
[CHAPTER 426—2D SESSION]
[S. 1250]

AN ACT

To repeal section 2 of the Act approved May 17, 1926, which provides for the forfeiture of pay of persons in the military and naval service of the United States who are absent from duty on account of the direct effects of venereal disease due to misconduct, and to amend Veterans Regulation Numbered 10, as amended, to define line of duty and misconduct for pension and compensation purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 2 of the Act approved May 17, 1926 (44 Stat. 557; 10 U. S. C. 847b; 34 U. S. C. 882b), is hereby repealed.

SEC. 2. That paragraph VIII of Executive Order Numbered 6098, dated March 31, 1933 (Veterans Regulation Numbered 10, as amended; 38 U. S. C., ch. 12), be amended to read as follows:

“PAR. VIII. An injury or disease incurred during military or naval service will be deemed to have been incurred in line of duty and not the result of the veteran's own misconduct when the person on whose account benefits are claimed was, at the time the injury was suffered or disease contracted, in active service in the military or naval forces, whether on active duty or on authorized leave, unless such injury or disease was the result of his own willful misconduct: *Provided*, That venereal disease shall not be presumed to be due to willful misconduct if the person in service complies with the Army or Navy regulations requiring him to report and receive treatment for such disease: *Provided further*, That the requirement for line of duty will not be met if it appears that at

the time the injury was suffered or disease contracted the person on whose account benefits are claimed (1) was avoiding duty by deserting the service, or by absenting himself without leave materially interfering with the performance of military duties; (2) was confined under sentence of court martial or civil court."

SEC. 3. That paragraph IX of Veterans Regulation Numbered 10, as amended, be and is hereby amended to read:

"PAR. IX. Pension shall not be payable under part III, Veterans Regulation Numbered 1 (a), as amended, for any disability due to the claimant's own willful misconduct or vicious habits."

SEC. 4. This Act shall be effective from the date of its approval. Sections 2 and 3, inclusive, shall be applicable to claims filed or adjudicated thereafter and the beginning date of awards shall be as provided in applicable statute or regulations: *Provided*, That no claim heretofore disallowed by reason of misconduct or line of duty requirement shall be revived but benefits may be payable on the basis of a new claim filed hereafter in such form as may be prescribed by the Administrator of Veterans' Affairs.

Approved September 27, 1944.

Current and Coming Events

February 7: National Social Hygiene Day. Some states and communities are holding their observances throughout the month and into March.

April 1-8: National Negro Health Week. Thirty-first observance. Special objective, *A Healthy Family in a Healthy Home*.

April 14: Pan American Day. Observed throughout the twenty-one republics of the Western Hemisphere.

NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Colorado: Denver Public Health Council to Coordinate Social Hygiene Activities.—At a meeting on September 22, a Temporary Social Hygiene Steering Committee was appointed at the regular monthly meeting of the Health Council's Committee and Board of Directors. This action grew out of the widespread interest shown in the proposal that the Health Council organize a permanent committee to promote and coordinate social hygiene activities in the Denver metropolitan region, as expressed at a previous public meeting on September 20. The Temporary Committee is to make recommendations to the Board of Directors of the Health Council as to the organizational structure needed for the development of a coordinated social hygiene program in this region. Certain additional responsibilities were given the Committee, including the recommendation of committee and sub-committee chairmen.

Gerald M. Porter has recently succeeded Mrs. G. H. Friedman as executive secretary of the Public Health Council. Mr. Porter has conducted venereal disease control work with the University of Texas School of Medicine and recently has been a field representative of the Federal Security Agency, Division of Social Protection. The Council, which is the Health Division of the Denver Council of Social Agencies, has its Headquarters at 314 14th Street, Denver 2, Colorado.

Maryland: Baltimore Health Department Presents One Hundred and Twenty-ninth Annual Report.—Under the title *Guarding the Health of Baltimore*, Dr. Huntington Williams, Health Commissioner of the City of Baltimore, has recently released a summary of work done and objectives achieved for the year ending December 31, 1943, which constitutes the one hundred and twenty-ninth consecutive document in a series.

Citing syphilis as one of four diseases from which the people of Baltimore experienced increased health risks during 1943 as a result of wartime conditions, the report states that expectation of upward trends and advance planning enabled a more effective program to meet these conditions. An active case-finding program resulted in the reporting of 14,803 cases of syphilis in 1943, as compared with 11,293 in 1942. But this same effort to discover and get syphilis under treatment led to better control, and a death rate from this disease of 19.5 in 1943, where it was 21.5 in 1942.

Following a survey and report made at the Commissioner's request by Dr. Nels A. Nelson of the Maryland Department of Health, a major bureau reorganization was made to carry out venereal disease control work. Dr. M. Alexander Novey was appointed as Acting Director of the Bureau of Venereal Diseases, with Dr. Harry B. Smith as Senior Medical Advisor. To permit the central office time and opportunity to develop a city-wide program, and especially an active program of public instruction, as much detail of procedure as possible was decentralized into the clinics. Arrangements have been made for the more extensive use of the City's public health nurse staff, which has been increased in size, in venereal disease followup work, especially of expectant mothers under treatment for syphilis.

The new Baltimore Venereal Disease Council, which was appointed in January under the auspices of the Baltimore Mobilization Committee, held six meetings during the year. As stated at the time of its organization "the new group came into being because it was felt that a modern attack on syphilis, gonorrhea and the other venereal diseases in any community is more than the task of the Health Department, or its Police Department, or its Law or Welfare or Liquor Control or Recreation Departments, or its Courts or social organizations. It is the common task of all these agencies, indeed of the community as a whole. To be effective each group must learn to integrate its own contribution into a broader pattern; it must be sympathetic with the need for aid of all agencies and of its own. In other words, there must be genuine teamwork, and full knowledge of a many-sided problem and of the reasons for the failure in previous efforts to solve it."* The report also states that

"active cooperation has been given throughout the year to the Army and Navy medical services and monthly meetings with the venereal disease control officers were continued in the office of the Commissioner of Health. This close cooperation resulted in an increased effectiveness in the attack on 'facilitation,' that unhappy money-making process that makes promiscuity and prostitution easy. . . . On May 15 the Commissioner of Health wrote to the managers of all hotels in the city and called their special attention to their responsibilities under the Hotel and Rooming House Ordinance in preventing the use of hotel facilities in a way that might result in the spread of venereal infection. Later in the year a meeting to discuss the role played by hotels and taverns in the spread of venereal diseases was held with the Board of Directors of the Maryland Hotel Men's Association."

Health Information activities of the Department included regular presentation of information concerning the venereal diseases, through the newspapers, the radio drama series "Keeping Well," and publication of the *Baltimore Health News*.

In conclusion Commissioner Williams, who has guided the health destiny of the city since 1931, and on October 21 took the oath of office for a new six-year term, makes this important and thoughtful statement:

"For the first time in Baltimore's history the appropriations for the City Health Department arranged late in 1943 for the Ordinance of Estimates of 1944 exceeded one million dollars. . . . Without waste this vital matter may be said to be one of dollars versus disease, or as phrased in the words of the late Dr. Hermann M. Biggs, "public health is purchasable." At the close of the year 1943 Baltimore completed 150 years of local public health service, which had its origin at the time of the great yellow fever epidemic of 1793. The work of 1943 here recorded and that which will be accomplished in the next few years will pave the way for the health of Baltimore for the next 150 years. . . . The people of Baltimore take a genuine interest in the health of their city and support constructive measures that are aimed to strengthen their public health service. This interest in community health is an inheritance from the past fifteen decades, and one that should be fostered and transmitted into the years that lie ahead."

Nebraska: VD Educational Control Program in Nebraska High Schools.—Don Warner, Director of Education for Venereal Disease Control, State of Nebraska Department of Health, sends the following report of progress for July 1, 1943 to July 1, 1944.

First: Two-thirds of the accessible high school population in Nebraska have had VD educational material presented to them this year.

* For additional details of the organization of the Council and its efforts, see JOURNAL OF SOCIAL HYGIENE, February and March, 1943.

Second: Each educational worker taught as many student minutes as a full-time high school instructor.

Third: This teaching load has been achieved despite travel and weather conditions, school vacations and delays due to opening and closing of schools.

Fourth: Besides this work, an equal number of programs were presented to service clubs, PTA, church and industrial groups in adult education. The organization of several social hygiene committees and the observance of Social Hygiene Day were also accomplished during this period.

The statistics in this survey include the towns of the state with a population of 100 or more, and the school population as recorded in the state educational directory. The survey indicates that by visiting the small schools every two years and the large schools every year, it will be possible for two people to present VD educational material to all of the high school students in the state.

There are over 500 high schools in Nebraska with about 65,000 students enrolled. Of these, 180 are so small as to be impossible to reach efficiently since their total enrollment is 2,957 pupils; or, 16 pupils per school. The 115 schools which have had education for venereal disease control presented to their students average 345 pupils per school, and the remaining 230 schools average 111 pupils per school.

The easiest part of the planning to reach all available students may have been done. The next step toward reaching all high school students will require more travel and more arrangements with individual schools.

The plan of work does not permit the workers to reach a large number of students at one time. The usual group spoken to is a class of 50 or 60 students. This has sometimes required as many as eight lectures a day for each speaker. The program yet to be done may be physically easier because of the time spent in traveling.

It is gratifying and interesting to be able to report that there has not been one letter or report from any parent, administrator or student criticizing the material presented, or the manner and method of presentation; and there has been almost unanimous agreement from the home, school and church as to the need for this educational program.

The material presented has included: the prevalence of syphilis and gonorrhea both nationally and locally, and how syphilis and gonorrhea differ from other infectious diseases in method of transmission.

The transition concerning the method of infection is made in explaining syphilis from the congenital syphilitic infection to the possibility of an infection through kissing, and a description of a lip chancre. Stress is then placed on the fact that the sore appears where the germ enters the body but that few chancres ever appear on the lip since syphilis is transmitted usually through sex contact, therefore the chancres are usually on the sex organs and exposure usually means sex contact; thus the lesson can continue using "exposure" to mean sex exposure, without undue repetition of the terms "sex" or "sex contact."

The short film, *Fight Syphilis*, a short version of *Know for Sure*, and a cut copy of *Health Is a Victory*, total film time 38 minutes, is followed by 20 minutes of a description of the incubation period, symptoms, period of infectiousness, results of untreated disease to the infected person and the danger of infecting others if not treated. The use of the blood test in diagnosis is discussed, with emphasis placed on an attitude which will take into account the

chance of infection. Every effort is made to avoid a phobia as an outcome of the education. Considerable emphasis is placed on the attitude that no one has syphilis or gonorrhea until diagnosed by a physician and then only the physician and the patient are entitled to share that knowledge.

The fact that infection comes from a germ is emphasized so that the student may understand that infection rarely ever occurs unless there has been exposure by someone who has been infected by someone else. Therefore, sexual promiscuity and prostitution are the primary causes of the spread of venereal disease.

The introduction is usually given to boys and girls together with the film shown to them together and then the lectures are given separately so that sex hygiene and the problems peculiar to boys and girls may be discussed more easily. Cleanliness, normal body functions and other, related problems of sex can be discussed more readily in this way.

Such introductory material will lead naturally to the warning against undesirable companionship, undesirable places of recreation and the use of alcohol; and it gives an opportunity to point out the constructive value of a careful choice of companions and clean recreation. Schools are urged to organize their own recreation to minimize the danger of the undesirable commercial influences.

The use of an outside speaker makes possible the use of sound on film equipment, and special exhibit materials that are usually not available to the classroom teacher.

A follow up by the teachers, parents and students is urged in talking to the students and P.T.A. groups.

Ohio: Cleveland: Fenn College Has Sex Education Workshop.—

Under the auspices of the Social Protection Committee of the Welfare Federation of Cleveland and the Cuyahoga County Council for Civilian Defense, a two day study and discussion program was held on October 9th and 10. Mrs. Elva Horner Evans, Health Education Instructor of the Family Health Association, acted as Chairman of the Workshop Committee. Beside many interesting talks and discussions, a guided tour of the Cleveland Health Museum was held on Monday afternoon, October 9th, at the invitation of Dr. Bruno Gebhard, Director.

Visiting specialists who contributed to the program included Mrs. Evelyn Millis Duvall, Association for Family Living, Chicago, Illinois; Dr. Alfred C. Kinsey, Indiana University, Bloomington, Indiana; Dr. L. A. Kirkendall, U. S. Office of Education, Washington, D. C.; Valeria H. Parker, M.D., Bureau of Marriage Counsel and Education, New York City; and Miss Wilma Snider, Ohio Department of Education, Columbus, Ohio.

Among the topics discussed were: *Appointment with Life*, Dr. Parker; *Human Sex Behavior*, Dr. Kinsey; *Adjustment Problems of Young People in a War-torn Society*, and *Inclusion of Sex Education Techniques in the Professional Education of Leaders—Ministers, Teachers, Nurses, Social Workers and Other Shop Workers*, Mrs. Duvall; A trio of group discussions included 1. *Sex Education of Children*, Edith Peters, principal Hazeldale School, leader, and Dr. Robert Hoyt, secretary; 2. *Sex Education of Young People*, leader, Dr. P. M. Watson, principal Central High School, secretary, Mrs. Pearl Parker, and *Sex Education for Parents*, leader, Andrew Henrikson, assistant professor of Adult Education and director of Cooperative Education, Cleveland College, secretary, Sylvia Levitt.

Mrs. Stanlee T. Bates, Chairman of the Social Protection Committee, presided.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Director, Washington Liaison Office, American Social Hygiene Association

Canada: Department of National Health and Welfare Created.—An integrated plan of social security has recently been set up in the Dominion of Canada whereby a Department of National Health and Welfare has been established.

The new department takes over the existing health activities of the Department of Pensions and National Health, administers the Physical Fitness Act passed in 1943 and the Departments of Old Age and Blind People's Pensions. In addition, it handles family allowances, health insurance and other measures of social security, as they are passed by Parliament. The work of Venereal Disease Prevention and Control including the Educational Program is under the new Department.

The Canadian National Government states that the jurisdiction and responsibilities for activities remain with the Provinces, but that it is recognized that a national system is desirable.

Lt.-Col. Donald H. Williams, formerly Chief, Division of Venereal Disease Control, Department of National Health and Welfare, who was brought to Ottawa to plan and organize the new system, including the venereal disease control program of the Canadian Army, has recently returned to British Columbia where he will direct renewed efforts in that Province.

(See *Canada's Four Sector Program in Action*, by Col. Williams, JOURNAL OF SOCIAL HYGIENE, December, 1944. Reprinted as ASHA Pub. No. A-579.)

Canada: Health League of Canada Celebrates Quarter-Century of Work.—The Health League held its annual meeting in Montreal at the Hotel Windsor, November 23 and 24, 1944, marking 25 years of educational service to the Canadian people.

At its formation at the request of the federal government in 1919, the organization was known as the Canadian Council for Combatting Venereal Diseases. In 1922 the name was changed to the Canadian Social Hygiene Council, and in 1935 the present name was adopted. The organization by that time had departed from its original narrow program and had developed a broad one of health conservation.

The original organization was formed at the request of the Dominion government as an educational adjunct to the health departments and since then its sole object has been the spreading of knowledge respecting the prevention of communicable diseases.

In connection with this Silver Anniversary year of the organization it is interesting to note that two of the original officers still hold their positions. They are the president, Mr. Justice W. R. Riddell of the Ontario Supreme Court, and Dr. Gordon Bates of Toronto, the general director.

The League celebrated Health Week throughout Canada February 4 to 11 with Social Hygiene Day on February 7. Mr. Joseph Lichstein is director of the League's Social Hygiene Division. Headquarters are at 111 Avenue Road, Toronto, Ontario.

Dominican Republic: Dr. Thomen Becomes Secretary of Health.—Dr. Luis F. Thomen, formerly Assistant Secretary of Health and Welfare of the Republic, was appointed Secretary in December, 1944, succeeding Mr. Emilio García Godoy, who has been appointed ambassador to the United States for the Republic. Dr. Thomen, who received his medical training at Tulane University and Johns Hopkins University, is well known in the United States, participation in the 1944 Puerto Rico Conference, and especially for his contribution to the JOURNAL's recent issue on the Social Hygiene Campaign in the Other Republics.

Dr. Miguel Ortega of the Department's staff, is at present studying at Johns Hopkins University, with especial attention to recent methods of venereal disease control.

Nicaragua: Nursing Program Develops.—The Nicaraguan Government has recently announced that a national board of examinations for nurses is planned as a complement to the new school of nursing established at Nanagua. Fourteen nurses are now receiving training at the school under a cooperative inter-American health program sponsored by the Nicaraguan and United States Governments.

Paraguay: Health Work Raises Economic Level of Nation's People.—An important by-product of Paraguay's efforts to improve health and sanitation conditions throughout the nation is a rising industrial and agricultural power of the people, according to Dr. Richard J. Plunkett, a representative in Paraguay of the Institute of Inter-American Affairs.

The Institute, an agency of the Office of the Coordinator of Inter-American Affairs, is assisting the other Americas in carrying out health and sanitation measures, recommended by the Rio de Janeiro meeting of American foreign ministers in 1942.

In Paraguay these health measures are being put into effect by the Servicio Cooperativo Inter-Americano de Salud Publica (Inter-American Cooperative Public Health Service), formed by representatives of the national government and members of the Institute's field party in Paraguay, of which Dr. Plunkett is the chief. According to a recently extended agreement, the Service will continue until the middle of 1948, and all its activities will then be taken over by the government of Paraguay.

By that date Paraguay will have completed laying the groundwork for a smoothly operating nation-wide public health service.

Diseases, such as tuberculosis, syphilis and hookworm, Dr. Plunkett said, although far from being eradicated, are being brought under increasing control, and advances already made permit the anticipation of far swifter and more satisfactory results than originally expected.

A factor contributing to higher professional standards among Paraguay's health and sanitation specialists is the training of a number of them in United States institutions of higher learning under study grants from the Institute. About eight of the trainees are Paraguayan physicians selected to study basic medical sciences, who, upon their return home, are assigned to assistant professorships on the Medical Faculty of Asuncion.

The Service's activities, in addition to improving health conditions, also have direct economic ramifications. The Service has thus far given employment to some 750 Paraguayans, including doctors, nurses and construction workers. It has also given work to auxiliary trades, such as brick and tile making plants, furniture makers and lumbermen.

Peru: Inter-American Regional Institute for Hospital Administrators Meets in Lima.—Distinguished medical authorities and hospital administrators from various American republics convened in Lima for the Third Regional Institute on Hospital Administration and Organization, sponsored by the Peruvian Government, the Pan American Sanitary Bureau, the Inter-American Hospital Association and various related organizations. The two-weeks' refresher course in the technical administration of modern hospitals began on December 3 and ended on December 16.

The Institute was organized by the Inter-American Hospital Association in 1941 to enable specialists in the field of hospital administration and organization to keep abreast of the latest advances and techniques in their profession. The first Institute was held in San Juan, Puerto Rico, two years ago, and the second in Mexico City, at the beginning of this year.

The Peru meeting had the active cooperation of 11 leading national and professional organizations in Peru, and of seven similar organizations in the United States. The latter include the American Hospital Association, the American College of Hospital Administrators and the American College of Surgeons.

Among the prominent physicians, surgeons, hospital administrators, sanitary engineers and government officials participating in the Institute were 18 outstanding authorities from the United States who served on the Institute's teaching staff, and delegates from Chile and Panama. Mexico was represented by seven delegates, headed by Dr. Gustavo Baz, president of the Inter-American Hospital Association and Mexican Minister of Health and Social Welfare.

Mr. Felix Lamela, Executive Secretary of the organization, arranged the meeting.

PUBLICATIONS RECEIVED

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

- ANNUAL REPORT OF THE SURGEON GENERAL, U. S. NAVY. STATISTICS OF DISEASES AND INJURIES IN THE UNITED STATES NAVY for the calendar year 1941. U. S. Government Printing Office, Washington, 1944. 319 pages.
- A DESIGN FOR GENERAL EDUCATION FOR THE MEMBERS OF THE ARMED FORCES, American Council on Education Studies (Series 1—Reports of Committees and Conferences, No. 18), 744 Jackson Place, Washington, D. C.
- GUARDING THE HEALTH OF BALTIMORE, 1943. *Venereal Diseases*, Ralph F. Sikes, M.D., M.P.H., Ferdinand O. Reinhard, M.D., M.P.H.
- GUIDE FOR THE PROVISION OF HEALTH SERVICES, August, 1944, War Manpower Commission, Bureau of Manpower Utilization, Washington, D. C. 22 pages.
- INTERNATIONAL ORGANIZATION FOR HEALTH, C.-E. A. Winslow, M.D. Commission to Study the Organization of Peace, 8 West 40th St., N. Y. 18, N. Y., 10 cents.
- THE CHAPLAIN SERVES, Chief of Chaplains, Army Service Forces, War Department, Washington, D. C. 75 pages.
- WARTIME HEALTH AND EDUCATION, Interim Report from the Subcommittee on Wartime Health and Education to the Committee on Education and Labor, United States Senate, pursuant to S. Res. 74, A resolution authorizing an

- investigation of the educational and physical fitness of the civilian population as related to national defense, January, 1945. U. S. Government Printing Office, Washington, D. C.
- WARTIME AND POSTWAR PROBLEMS AND POLICIES OF THE STATES, May, 1944, The Council of State Governments, 1313 E. 16th St., Chicago 37, Ill.
- THE LONG ROAD, Fortieth Anniversary Report of the National Child Labor Committee, National Child Labor Committee, 419 Fourth Avenue., New York 16, N. Y. Pub. No. 390, 56 pages.

Pamphlets and Leaflets for Professional Workers

- FOR THE CHILDREN'S BOOKSHELF, A Booklist for Parents, U. S. Department of Labor, Children's Division, Washington, D. C. Bureau Publication 304. 24 pages, 10 cents.
- IMPROVEMENT OF PRESENT METHODS FOR EXTRAFAMILIAL CONTACT TRACING, Mary A. Burke. Reprint No. 215, *Venereal Disease Information*, January, 1944.
- THE MALE INVESTIGATOR IN VENEREAL DISEASE CONTROL FOLLOW-UP, Malcolm H. Merrill, M.D. Reprint No. 210 from *Venereal Disease Information*, November, 1943.
- OUR CONCERN—EVERY CHILD, Emma O. Lundberg. Bureau Publication 303, Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 15 cents.
- OUTLINE FOR A COURSE IN PLANNED PARENTHOOD, By Mary Antoinette Cannon, The Planned Parenthood Federation of America, Inc., 501 Madison Ave., New York 22, N. Y. 50 cents per copy.
- PENICILLIN TREATMENT OF EARLY SYPHILIS, A PRELIMINARY REPORT, J. F. Mahoney, Senior Surgeon, R. C. Arnold, Surgeon and Ad Harris, Serologist. Reprint No. 212 from *Venereal Disease Information*, December, 1943.
- PREPARATION FOR CATHOLIC FAMILY LIFE, N. C. W. C. Family Life Bureau, 1312 Massachusetts Ave., N. W., Washington, D. C. 156 pages, 30 cents.
- RECENT DEVELOPMENTS IN TREATMENT OF SYPHILIS IN RELATION TO PATIENT EDUCATION: 1. The General Perspective, John H. Stokes, M.D.; 2. The Specific Application, Alice M. Kresge and Dorothy H. Brubaker. Reprinted from *Public Health Nursing*, July, 1944. A.S.H.A. Pub. No. A-571.
- SAFEGUARDING THE HOME FRONT, National Catholic Welfare Conference, Family Life Bureau, 1313 Massachusetts Ave., N. W., Washington, D. C. 86 pages, 25 cents.
- SOCIAL HYGIENE AND THE SCHOOLS, Christian Smith. Reprinted from the Bulletin of Saskatchewan Teachers' Federation, December, 1944.
- SOCIAL WORK AND THE JONESES, An outline for closer cooperation between public and private social agencies, Ruth Lerrigo and Bradley Buell. Public Affairs Pamphlet No. 97, Public Affairs Committee, Inc., 30 Rockefeller Plaza, New York City, November, 1944. 30 pages, 10 cents.
- TEEN CENTERS, Youth Authority, State of California, 1019 Forum Building, Sacramento. 38 pages.
- TEEN AGE CENTERS? BIRD'S-EYE VIEW. National Recreation Association, 315 Fourth Avenue, New York 10, N. Y. 10 cents.
- THE ADOLESCENT, N. C. W. C. Family Life Bureau, 1313 Massachusetts Ave., N. W., Washington, D. C. 88 pages, 20 cents.
- TECHNIQUES IN SOCIAL PROTECTION, Social Protection Committee, Citizens Service Corps, Maine Civilian Defense Corps, July, 1944. 50 pages.
- VD MANUAL FOR TEACHERS. Division of Health Education, Department of Public Instruction, Honolulu 4, Territory of Hawaii. Mimeographed. 90 pages.

Pamphlets and Leaflets for the General Public

- BLOOD WILL TELL. VD Graphic—46. Venereal Disease Education Institute, Raleigh, North Carolina. \$3.00 per 1,000.
- BUILDING SEX INTO YOUR LIFE, Paul Popenoe. The American Institute of Family Relations, Los Angeles, California. 23 pages, 25 cents.
- FACTS ABOUT GONORRHEA, Social Hygiene Society of the District of Columbia, 927 15th St., N. W., Washington, D. C.
- GOOD BLOOD, A leaflet for Negroes, William A. Mason, M.D. Georgia Department of Public Health, Atlanta, Georgia.

- IS EDUCATION OUT-OF-DATE?, S. R. Laycock, M.A., M.Ed., Ph.D. Reprinted from Canadian Home Journal, December, 1944.
- IT COULDN'T HAPPEN TO A GIRL FROM A NICE FAMILY, Church Mission of Help, and Sheltering Arms, Philadelphia.
- THE PROSTITUTION RACKET, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y. Pub. No. A-573.
- SOLID FACTS FOR "TEEN-AGE" FOLKS, VD Graphic—37. Venereal Disease Education Institute, Raleigh, North Carolina. \$20.00 per 1,000.
- THE STORY OF VD, September, 1944. Health Department of Hawaii. 28 pages. For intermediate school pupils.
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Digests
of papers presented at the
National Conference
on
Postwar Venereal Disease Control

under the auspices of the
UNITED STATES PUBLIC HEALTH SERVICE
VENEREAL DISEASE DIVISION

St. Louis, Missouri
November 9-11, 1944

Nearly a thousand health officers, physicians, nurses and other professional workers from all parts of the country met at St. Louis, Missouri, November 9-11, 1944, to take part in the National Conference on Postwar Venereal Disease Control held under the auspices of the Venereal Disease Division, United States Public Health Service. Speakers and discussants, as indicated in the program on page 1, included leading health authorities from a number of other nations as well as our own.

The Digests of the addresses published here were prepared by the staff of the Division for ready reference by Conference participants and others interested. The full text of the papers, with discussion, is published in the Conference Proceedings, which may be secured from the Superintendent of Documents, Government Printing Office, Washington, D. C.

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DIGESTS OF PRINCIPAL ADDRESSES AND REPORTS

PROBLEMS IN VENEREAL DISEASE CONTROL OF TOMORROW

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The remarkable research advances made in recent years in treatment of syphilis and gonorrhea are useless in venereal disease control unless infectious persons are brought to treatment before they have spread their infections. Prevention of VD through medical control measures and dissemination of information about prevention and treatment are the primary responsibility of physicians and health officers who can support but cannot operate social control programs.

Future VD control must emphasize casefinding and public education. Only about $\frac{3}{4}$ of an estimated 230,000 annual new syphilis infections are now discovered and treated by public clinics, private physicians, and the armed services; probably less than half of those found remain under treatment long enough to insure against infectious relapse. The unfound, the tardily found, and the insufficiently treated infectious cases are the source of the new cases and the reservoir of latent and late syphilis. The 311,795 cases of gonorrhea reported by health departments in 1944 leave many thousands of untreated cases which sustain the infection chain.

The efforts of the existing 3,800 clinics, fewer than 2,000 VD contact investigators, and 6,000 health department nurses and social workers devoting part time to VD followup are inadequate for the case finding which will be necessary in future control.

Selective Service examinations and contact reports from the Armed Services have been the major case finding devices employed during the war to prevent serious VD increases. New case finding procedures will be needed when the war is over. Serological and clinical examinations of every individual in the younger age brackets would provide an almost ideal case finding device to help eradicate infectious VD if an improved mass diagnostic test for syphilis were available, plus necessary laws, facilities, and personnel. If universal compulsory examination is impracticable now, alternatives must be found. Opportunities for routine VD examinations include 15,000,000 annual hospital admissions, 1,500,000 marriages, 2,500,000 births, 1,500,000 high school graduations, 370,000 college admissions, 185,000 college graduations, 4,000,000 insurance examinations, and several million industrial employment medical examinations, and city, state and federal civil service examinations.

Problems of postwar VD control will be considered by four major sections of this conference. To these sections I give the following charges:

Section on Diagnosis and Therapy of Gonorrhea

Prevention—This section must consider the possibility of more satisfactory prophylaxis, including external agents and systemic approaches such as oral administration of penicillin-like compounds or some immunizing vaccination procedure, also utilization by physicians of their professional prestige in encouraging moral prophylaxis among patients. Physicians and clinics must be convinced of supreme importance of obtaining contact information from patients. It is important to consider how the private physician can effectively utilize the health department nurse as his personal agent in following up infectious contacts of patients.

Diagnosis—Many complex questions need to be answered: What are satisfactory diagnostic criteria? Will clinical or epidemiologic evidence suffice, or is laboratory evidence necessary? Are positive spreads alone sufficient evidence? Is there any difference between reliability of spreads in male and female? Is there any difference in acuteness and chronicity in male and female? Are cultures essential in diagnosis? Should they be accepted only with carbohydrate fermentation tests? Are nonpathogenic, gonococcus-like organisms sufficiently recognized? Possibility of other tests such as complement fixation or skin tests may be discussed. Many physicians are interested in more satisfactory methods for differential diagnosis of gonorrheal arthritis.

Therapy

Gonorrhea therapy is in a state of flux; final time-dosage relationships in penicillin therapy have not yet been established. What safeguards are to be recommended against masking of syphilis by treatment of gonorrhea with agents which obscure symptoms of syphilis but do not cure it? Should penicillin or similar drugs which might become available be distributed free to all physicians for treatment of gonorrhea patients? Upon what standard of diagnosis should such free drugs be used by physicians? Gonorrheal complications and criteria of cure also need consideration.

Section of Diagnosis and Treatment of Syphilis

This section must weigh evidence on new drugs and treatment methods and decide which are to be recommended for use by private physicians, clinics, and hospitals. Recommendations must be made as to distribution and use of drugs so that treatment will be available to every syphilitic with the least possible disturbance of traditional relationships between physician and patient, and Federal, state and local health departments.

This section must decide what resources of the various sciences must be called upon to develop a diagnostic test for syphilis comparable in speed and specificity to new treatment methods.

Section on Epidemiology

Contact investigation theoretically offers the most direct approach to breaking chains of infection. A review of data from six States

shows great variations among the ratios of contacts reported per new admission for previously untreated cases of primary and secondary syphilis, and the ratios of new infections brought to treatment for the first time to patients by whom they were reported. In the best area for which tabulations are available, approximately 30 new infections have been located as a result of investigating contacts of 100 new admissions to treatment with primary and secondary syphilis. Except in one area contact investigation has not been a very effective method of breaking chains of gonorrhea infection.

Interviewers should attempt to identify all contacts from the date of the interview back to the date of infection with no arbitrary distinction between "sources" and spread contacts.

Contact investigation at present level, offers little hope of breaking chains of infection. Here is what can be done to improve contact investigation:

1. Volume of contact reporting must increase through more interviewing in clinics, hospitals, and Rapid Treatment Centers.

2. Type of information obtained from interviewing must be improved; an adequate form for recording such information must be introduced.

3. Names of all exposures, with no arbitrary distinction between source and spread contacts, from date of interview back to date of possible infection should be obtained.

4. Care must be taken that contact interviewing is not omitted when patients are referred to Rapid Treatment Centers for treatment after diagnosis by clinic. The epidemiology section should determine how contact investigation process can enter chains of infection whose principal links are the patients of private physicians.

Section on Education and Community Action

Postwar reconversion and demobilization may have serious implications for VD control. Community action for VD control involves such important problems as repression of prostitution, prevention of delinquency, law enforcement, enlightened probation policies, recreation facilities, redirection and social services. Does dissemination of information about venereal disease and social hygiene encourage immorality, is withholding information about venereal disease from the public an act of immorality and, on the part of official health agencies, dereliction of duty? With shorter, safer more convenient treatment methods, how can education help forestall the mistaken assumption that sex promiscuity has been made safe? Simultaneously with venereal disease education should an equally intensive campaign for high sex behavior standards be conducted? If so, by whom?

Since many problems discussed in section meetings cannot be answered at this time, section reports may be considered as preliminary, section chairman and secretaries will be considered by

the Public Health Service as forming continuing committees which will function beyond the period of this conference and will carry forward the work of the conference until all details, procedures, evaluations, and continuing studies have been completed. Thereafter a final report will be issued, which, we hope, will provide the blueprint for the VD control program of tomorrow and the death warrant for syphilis and gonorrhea in the United States.

ARMY CONTRIBUTION TO POSTWAR VENEREAL DISEASE CONTROL PLANNING

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AND

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Since January 1944 the Army VD rate for the Continental United States has risen steadily to 36 per 1,000 men per year as compared with the 1943 rate of 26.3. The authors believe that the rate will continue to rise for some time and may reach World War I levels, because a let-down in both military and civilian VD control programs appears to be in progress. However, there is a downward trend in VD rates in all Theaters of Operation, and the combined overseas rate for all American soldiers is now 25 per cent lower than for those stationed in the United States. Troops returning from overseas have had an abnormally high rate of infection acquired after arrival in this country. The recent 40 per cent rise in the Army gonorrhea rate must reflect an increase in civilian gonorrhea. During the past year the Army syphilis rate has declined 20 per cent, due at least in part to control measures among the civilian population. The authors believe that in the postwar period there will be an unprecedented opportunity to reduce the incidence of venereal diseases, and that the Army has much to offer in material assets and experiences, including several thousand medical officers who will return to private practice with formal training or experience in venereal disease control, and several thousand enlisted men with extensive training and experience in non-medical aspects of VD control.

The authors outline the plans developed by the Army in collaboration with the USPHS for demobilization of soldiers with venereal disease. The rise in the total Army VD rate in Continental United States since January, 1944, has been entirely due to gonorrhea.

The condom appears to have been the most valuable single venereal disease prevention measure in the Army, although a new and improved "Pro-Kit" has also proved to be of value.

Successful venereal disease control programs among Negro troops are possible on a local basis, and several such successful programs have demonstrated the value of employing specifically trained Negro lay and medical personnel.

Influence of treatment on case finding, community action in post-war VD control, and civilian application of Army VD educational experience also are discussed.

VENEREAL DISEASE CONTROL IN THE U. S. NAVY

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The venereal disease rate in the Navy has fallen off sharply and now stands at the lowest point in Navy history, roughly 25 new admissions per 1,000 men per year. This downward trend for the entire Navy reflects the very low rates among substantial elements of the forces overseas. In contrast, the admission rate for forces in the United States has climbed at an increasing speed since 1942. The rate for the first six months of 1944 was 28, about 11 per cent above 1943, and above that of 1941. The tentative figure for August for the Navy in the United States was 36.

The higher U. S. rates prevail along the east and gulf coast areas. The rapidity of increase, however, is greatest on the west coast with a 22 per cent rise over 1943, and the northeastern coastal area is next with a 19 per cent increase. Rates are only 8 per cent higher in the southeastern region, and one District has recorded a 7 per cent decrease. The southern area of the 8th Naval District has experienced only a 2 per cent rise, and the central region has increased by 7 per cent.

Since these are strictly new admission rates, they may be more significant than civilian admission rates, and the upsurge in the Navy VD rate may foreshadow the course the Nation will follow in coming months and years.

Gonorrhea and syphilis new admissions for January-June, 1944 in the U. S. were 25 per cent and 36 per cent, respectively, below 1940, and chaneroid has decreased by 83 per cent. Since 1942 gonorrhea and syphilis have increased in the United States by 21 per cent and 16 per cent while chaneroid has decreased by 25 per cent. Total VD admissions have risen 24 per cent since 1942. Incomplete data for July and August indicate the upward trends are continuing.* Lengthening of the war, increasing disruption of normal home life, heightening transiency of the population, the experiences which the men and women of the services are undergoing, and other influences, all may be involved. The social habits of the sailor reflect his home, school, and church training. The Navy can do relatively little

* The author supplies this addendum as of 2 Feb. 1945: "The continental trend continued upward during the second half of 1944. The tentative new admission rate for the 11 months ending 30 Nov. 1944 was 30.4 per 1,000 per year. This represents an increase of about 36 per cent over 1942, and of 24 per cent over 1943."

directly to correct such deficiencies, although Naval service positively orients the sailor or marine toward a high ethical standard, cooperativeness, and self-respect.

The author discusses the effect on rates of new treatment methods, Negro rates, prostitution, prophylaxis, education and other influences. Under controlled conditions a pilot field trial providing new information as to the efficiency of chemo-prophylaxis has been undertaken. Among some 25,000 exposures a gonorrhea failure rate of one-quarter of one per cent has been recorded.

The low level of VD rates in general appears to have been the result of aggressive public health control and social protective activities. The prime task, both as a wartime measure and in future terms is clearly that of case finding. The author presents a discussion of contact investigation, with a discussion of results of reporting and investigation of contacts of Navy personnel.

PENICILLIN IN EARLY SYPHILIS

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After the demonstration by Mahoney and his associates in June, 1943, that penicillin is active in syphilis, the needs of the Armed Forces brought about a cooperative study of the drug in both early and late syphilis under the auspices of the Committee on Medical Research of the Office of Scientific Research and Development, beginning in September, 1943. The Army, the Navy, the Public Health Service, and about 20 selected civilian clinics have participated. These groups have agreed to examine and treat cases by designated systems, to record results on appropriate forms, and transmit forms to a statistical center.

Data regarding about 4,000 of 4,479 patients so far treated for early syphilis are available for statistical study as of November 1, 1944. Only 406 patients have been followed up for as long as six months, only one for as long as a year.

From the beginning of the study, with variation in dosage between forty-fold range of 60,000 to 2,400,000 units, it was obvious that in early syphilis the immediate effects were identical regardless of dose, in terms of disappearance of surface organisms, healing of lesions, and trend toward reversal of blood serologic test. Killing time, healing of lesions, or serologic reversal, therefore could not be used as criteria of successful therapy. The only remaining useful criterion was relapse, infectious mucocutaneous relapse or serologic relapse, which does not tend to occur in important numbers until about the fourth month after completion of treatment. The incidence of clinical or serologic relapse is in inverse proportion to the total dose of penicillin administered every three hours day and night over a period

of seven and one-half days. Highest relapse rate is with minimum dose employed, 60,000 units, where nearly 60 per cent of patients already have relapsed. Relapse rate for 300,000 unit dose is about 36 per cent, for 600,000 units, 23 per cent, and for 1,200,000 units, at the end of about seven to eight months, 7.1 per cent. The relapse rate for 1,200,000 units varies with the stage of the disease; it is about 2 per cent in patients with seronegative primary syphilis, about 4 per cent with seropositive primary syphilis, and about 15 per cent in those with secondary syphilis.

Two small series of patients were treated over a 7½-day period with 60,000 and 300,000 units of penicillin, respectively, plus a known subcurative dose of mapharsen, 320 milligrams given in single injections of 40 milligrams each day. The group with 60,000 units of penicillin plus mapharsen have a significantly lower relapse rate than do groups given 60,000 units of penicillin alone; the group given 300,000 units of penicillin plus mapharsen experienced a relapse rate comparable to that from 1,200,000 units of penicillin alone.

Data are presented regarding the percentage of patients treated by different schemes who have become seronegative within different periods of time up to about eight months. Of the patients receiving 60,000 units of penicillin alone 42 per cent have become seronegative within eight months. About 56 per cent of each of the groups receiving 300,000, 600,000 and 1,200,000 units of penicillin and 60,000 units of penicillin plus mapharsen, became seronegative within about eight months. The highest proportion of persons becoming seronegative was in the small group given 300,000 units of penicillin plus mapharsen. All these results are preliminary, and based on short observations of a small number of patients; therefore, it is assumed that relapse rates eventually will be considerably higher in each group.

The optimum method of use of penicillin in early syphilis has not been determined. Several variables remain to be explored, including the effect of much larger doses, which have been employed in the Army and the Navy, where a total of 2.4 million units of penicillin is administered in a course of injections, one every three hours day and night, over a period of 7½ days. It has not been established as yet whether this arbitrarily selected large dosage is more or less effective than smaller dosages. Also needing exploration is the effect of prolonging the interval of treatment beyond 7½ days; the combination of penicillin with other agents such as mapharsen, bismuth, and fever; and methods to prolong the absorption and excretion of penicillin to reduce frequency of injections toward an ambulatory treatment basis.

This organized study of penicillin in syphilis presents an opportunity to accomplish at relatively small cost, within perhaps five years, something which has not heretofore been accomplished in the treatment of syphilis during 450 years of its existence—to determine the optimum method of treatment of early syphilis with the great advantage of possible eventual eradication of the disease.

PENICILLIN IN LATE SYPHILIS .

AN INTERIM REPORT

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with the collaboration of

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Willard Steele, M.D., Elizabeth Kirk Rose, M.D.,
Paul Gyorgy, M.D.

The authors summarize work done under a contract between the Office of Scientific Research and Development and the University of Pennsylvania. Material regarding penicillin alone in late syphilis is presented in two parallel columns, "what we know," and "what we want to know." Statements under the heading "what we know" include:

Penicillin in low dosage (300,000 to 600,000 O.U.) cures soft tissue gumma, simple uncomplicated bone lesions in absence of sequestrum formation. It has no effect on Charcot joint.

Herxheimer or therapeutic shock occurs in late syphilis, may be serious, and should be avoided.

Penicillin alone may favorably affect any type of active neurosyphilis, symptomatic and unsymptomatic, in dosage as low as 1,200,000 O.U., with prolongation of effect up to 235 days, even to grade 3 and 4 improvement of symptomatic simple demented paresis, and of type III spinal fluids with preparetic formulas, in spite of the previous failure of vigorous routine arsenobismuth and intraspinal therapy.

Penicillin produces better immediate results than the arsenicals, at less risk, and in much shorter time.

The value of high single course treatment (2,400,000 to 4,000,000 O.U.) as compared with lower dose repeated courses (1,200,000 O.U.) is not yet determined, but the lower dosage scales can be tried without hesitation if observation is maintained.

The status of penicillin with reference to fever therapy is under study.

Penicillin has "tonic" properties (post-penicillin weight-gain, well-being, et cetera.).

Penicillin influences refractory and little understood symptoms like lightning pains at least as much as other current methods and at times succeeds when these have failed.

It has, thus far, less than 50-50 efficiency in interstitial keratitis, and the therapeutic effect is erratic and unpredictable.

Penicillin may arrest progression in primary optic atrophy with short observation, has thus far blinded no one, may produce slight improvement in vision and fields, may return the spinal fluid to normal, including type III, may fail, in lower dosage, to stop a localized chiasm lesion, despite such spinal fluid improvement.

In serologic fastness at moderate dosage, penicillin is erratic and not notably effectual, a few cases indicate.

Penicillin seems perhaps more promptly and markedly effective against the abnormal spinal fluid than the seropositive blood.

Impending relapse can be recognized in spinal fluid by rises in cells, protein, Wassermann and colloidal curves, and Dattner-Thomas normals are sometimes reduced to absolute normals.

It is possible with penicillin to reduplicate traditional experience with non-concomitance of serologic and clinical findings and progress and as regards blood and spinal fluid findings.

With penicillin it is not possible to rehabilitate wrecks or advanced deteriorates, or to replace dead or scarred tissue.

Penicillin reactions, while minor, are not negligible in late syphilis. The Herxheimer reaction in a focal lesion in a vital structure may be grave. Initial halving of the first and even second day dosage is advisable. The reduction should be compensated by prolongation of course.

Urticaria and severe transient gastro-intestinal reaction and exfoliative dermatitis in previously treatment-intolerant patients have been observed. Some degree of sensitization in occasional individuals should be watched for.

The question of lot variation, potency variation and variability of penicillins as such obtained from various strains and by various processes should be closely studied, especially if therapeutic results are unsatisfactory in a promising case. If possible, a course of penicillin should all be from the same lot.

An effort must be made to disentangle specific and nonspecific effects of penicillin and to identify intermediate body mechanisms involved in penicillin action and failures.

No preparatory treatment other than modification of penicillin dosage scale is called for in the types of late syphilis discussed.

The preceding statements, in many instances, are qualified by parallel statements in the column "what we want to know." The two sets of statements are followed by condensed data regarding individual cases of late syphilis treated with penicillin.

The authors conclude with a general statement that penicillin, as sodium salt of an as yet incompletely analysed and understood substance, is an effective therapeutic agent in the treatment of late syphilis. Under conditions not yet clearly defined, it produces trans-

formations symptomatically and serologically without reaction, or even serious inconvenience to the patient, which are equal if not superior to those obtained by long and arduous procedures involving the arsenicals and heavy metals.

If penicillin continues to display the promise which the authors believe their interim report justifies, it will displace all of the older methods of treatment or give way to a combination of them in which much labor and time for the therapist, and stress and danger for the patient will be eliminated. Only by an extension of the experimental field in the direction of a better understanding of penicillin itself, or arsenic-penicillin combinations, and penicillin-fever combinations, will a full evaluation be achieved.

PENICILLIN IN THE TREATMENT OF GONORRHEA AND SYPHILIS

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The sulfonamides have had a favorable effect on the control of gonorrhea chiefly because of their ability to curtail the duration of the infectious period in the majority of patients treated. If present trends continue N. gonorrhoeae which are susceptible to the sulfonamides will soon cease to be a factor in maintaining the biologic existence of the species, while the so-called sulfonamide-resistant strains will be fostered and will, ultimately, dominate the clinical picture. Fortunately penicillin has rendered this eventuality of minor importance. The actual efficacy of penicillin in the treatment of gonorrhea has been demonstrated by many workers and has passed from the field of experimentation except insofar as further refinements in usage are concerned. All evidence supports the belief that penicillin represents the greatest single advance in therapy ever to be experienced in any disease. Since penicillin treatment is relatively simple and requires no special training, the placing of penicillin at the disposal of the general medical profession as a state service for the management of gonorrhea appears to offer the greatest hope of reaching the general public in the shortest period of time.

Data from records of 63 patients, each with confirmed diagnosis of early syphilis, treated with penicillin and observed through aver-

age post-treatment time of 7½ months are presented. There was prompt disappearance of causative organisms from secretions and rapid healing of ulcerations in all of 40 cases classified as primary syphilis. At completion of the observation period patients were distributed as follows:

Thirty-six were free from evidence of syphilis and results of all serologic tests were negative; 2 had undergone clinical relapse characterized by recurrent primary penile lesions; 1 developed serologic relapse after initial favorable response; 1 had been classed tentatively as doubtful.

In a group of 23 patients classed as secondary syphilis, the general picture is somewhat less favorable if usual implications are given to persistence of positive serologic reactions. Clinically all patients in the group experienced prompt and complete recession of skin and mucous membrane lesions and of such constitutional symptoms as accompanied the invasive stage of the disease. At completion of the observation period distribution of the 23 patients was as follows: 10 were free of evidence of the disease and results of all serologic tests for syphilis were negative; 3 are classified tentatively as doubtful, although progressing favorably; 7 are classified as treatment failures because of persistent positive serologic findings; 3 have displayed infectious clinical relapse.

One patient after eight months of negative serology and favorable response to the initial therapy was retreated successfully after what is regarded as a reinfection.

It is of public health significance that in both groups of patients there was a prompt termination of the infectious stage in all patients, and that in the five instances of infectious relapse there was equally prompt recession of lesions upon retreatment.

From clinical observations it is believed that penicillin has the very definite ability to shorten the infectious period of early syphilis, that infectious relapse is not encountered with alarming frequency, and that patients displaying the initial lesion only at the time of treatment respond as a rule more satisfactorily than do those in whom the disease has progressed to the secondary stage.

The syphilis organism is adaptable and the production of resistant strains is always a possibility.

If the full effect of penicillin is to be brought to bear upon the control of syphilis, concerted, prompt, and uniform action of health organizations will be essential. Such action might precipitate a decline in the incidence of syphilis far below any which might reasonably be expected from arsenic and bismuth therapy.

TREATMENT OF VENEREAL DISEASES IN THE EUROPEAN THEATER OF OPERATIONS

COLONEL DONALD M. PILLSBURY (MC)

Army of the United States

The author summarizes general objectives of the program of diagnosis and treatment of venereal diseases in the European Theater of Operations, particularly in the combat zone. They are: (a) prompt recognition and diagnosis of venereal diseases; (b) early administration of treatment to produce noninfectiousness rapidly and to afford the patient the best possible chance of permanent cure with minimum of toxic reactions, minimum of hospitalization, and as little interference as possible with soldier's duties; (c) follow-up to protect the soldier against relapse or progression of the infection in the Army, and, in collaboration with the proper agencies, after his discharge from the Service.

The chief problems in diagnosis are summarized. The darkfield examination is of especial importance in diagnosis of syphilis among military personnel, among whom 95 per cent of the syphilis encountered is early. However, lymph nodes and dry secondary lesions are almost the only sites from which the spirochetes of syphilis can be obtained without the presence of other more or less easily distinguishable spirillar organisms, and diagnosis of early syphilis may be made incorrectly unless special efforts are taken to prevent errors.

Biologic false positives and maintenance of good techniques for the collection of spinal fluid specimens and for prevention of bacterial growth during transmission are among the difficulties encountered in the diagnosis of syphilis on the basis of blood serologic tests. Smears and cultures ordinarily are employed in the diagnosis of gonorrhea when laboratory facilities are available, but are not required in the ETO. Great emphasis is placed on the importance of determining whether the soldier with gonorrhea has coincident early syphilis before penicillin is given.

Treatment of syphilis and gonorrhea are discussed. Although subject to rigid control, military personnel often cannot be treated for syphilis regularly under conditions of global warfare including rapid and repeated movement of troops and varying availability of treatment facilities. A check of representative series of syphilis registers 18 months ago showed that of patients treated in the Zone of the Interior and various Theaters of Operations only about 38 per cent had received the six months of standard arsenotherapy in less than 8 months.

The author summarizes the Army's experience in the ETO with intensive arsenotherapy for early syphilis, initiated in April, 1943, and designated as the method of choice in September, 1943. Approximately 4,000 patients have received such therapy without mortality from treatment. The multiple syringe technique, in which 20 milli-

grams of arsenoxide per kilogram of body weight, and coincident bismuth therapy was given, in a period of not less than 20 days, was employed. Tabulation of blood serologic and spinal fluid examinations among a series of patients followed six months or more showed negative results in a very large percentage of cases.

Penicillin treatment of early syphilis has been the method of choice since June 26, 1944. A total of 2,400,000 units of penicillin is administered. Treatment of a considerable number of patients has revealed several advantages: (1) penicillin is for all practical purposes completely non-toxic; (2) it controls infectiousness rapidly, always; (3) it may be administered without hospital facilities other than those necessary for darkfield and serologic examinations and the administration of penicillin. One relapse after 2,400,000 units has been observed thus far.

Penicillin therapy is the treatment of choice for all gonorrhea in the ETO. Cure was obtained in more than 95 per cent of a series of 1,000 patients treated by injection of a total of 100,000 units over a period of 10 to 15 hours. An increasing number of patients are treated with an initial course of 100,000 units on an out-patient status. If cure is not obtained within a week a second course of 200,000 units is given. A subsequent series totalling 500,000 units is advised for the very few patients not cured by the second course. To date no instance of failure of anterior or posterior gonorrheal infection to be cured by this regimen has been reported. Gonorrhea now presents a relatively simple therapeutic problem. The administrative and medical difficulties of caring for the large residuum of resistant gonorrhea encountered under sulfonamide and local therapy no longer exist.

U. S. ARMY EXPERIENCES IN VENEREAL DISEASE CONTROL IN THE EUROPEAN THEATER OF OPERATIONS

LIEUTENANT COLONEL PAUL PADGET (MC)

Army of the United States

Travel and intercourse among the various peoples of the world, on an unprecedented scale, may be anticipated after the war and it may, therefore, be taken for granted that the venereal disease problem will be international. Upon these concepts the United States should base venereal disease control plans.

The soldier who has been overseas has been in contact with an alien population for a long period and regardless of military control has been exposed to the communicable diseases characteristic of those people and has suffered them in proportion to their prevalence in that population.

Experience with venereal disease control in the European Theater of Operations is of interest because of (1) the public health problem

posed by the returning soldier and (2) experiences accompanying the movement of a large body of troops from the United States to the United Kingdom, then to the continent of Europe, may point to problems which may be anticipated when the same body of soldiers retrace their steps.

The author warns against the danger of any idea that modern methods of treatment lessen the necessity for attempts to prevent venereal infection among soldiers. The venereal disease control program in the ETO began in the summer of 1942. Prevention and treatment are both necessary to minimize loss of military manpower caused by the venereal diseases. This discussion is devoted entirely to preventive measures. Steps which can be taken to reduce the number of venereal disease infections include those which can be applied within the Army itself and those to be applied to the contact population. Essentials in the first group are an educational program, encouragement of substitutive activities, provision of materials and facilities for prophylaxis, and the command control of environment. In the second group are the epidemiologic approach of contact investigation which aids in defining the problem and directly seeks to detect and eliminate sources of infection, and the repression of prostitution.

Education must be expanded and adapted to conform to local conditions. For example, although carefully collected evidence shows conclusively that licensed prostitution serves to spread venereal disease, many soldiers in the ETO require education to dispel childish faith in the idea that a licensed prostitute is safe.

In the United Kingdom soldiers encountered relatively few professional prostitutes and the vast majority of sexual contacts were on a noncommercial basis. This markedly reduced the impetus to seek station prophylaxis. The shortage of housing and the blackout made it difficult to establish and conspicuously mark prophylaxis stations, resulting in small use of station prophylaxis and more extensive use of condoms and chemical pocket prophylaxis.

Conditions were entirely different in France where professional prostitution is licensed and flourishes and where there has been a much more extensive use of station prophylaxis.

In the United Kingdom contact investigation was conducted by United States Army Nurses. Of the soldiers interviewed 23 per cent gave completely identifying information regarding their contacts, and an additional 63 per cent gave information of possible value. During the first year 64 per cent of the women sought were identified, and 914 women were brought to treatment, only 6 per cent of whom were free of venereal disease, and 9 per cent of whom previously had sought medical treatment.

Although security precludes disclosure of exact venereal disease rates, the trend, with some exceptions, has compared favorably with rates for troops in the United States up to the landings in Europe.

Differences in conditions in France were so great that very little of the British experience could be employed. Many local brothels had been taken over by the enemy during the occupation. In two areas captured, records revealed venereal disease rates of more than 125 per 1,000 per year among enemy troops.

To the surprise of many of the French, the American Army did not take over and operate bordellos for the troops, and the Command published a directive condemning prostitution and brothels, and ordering measures to repress prostitution in areas where troops were quartered. French authorities cooperated by instructing Prefects of Police to repress clandestine prostitution and inform brothel keepers to forbid entry to American military personnel.

The venereal disease rate among troops on duty in Paris is many times as great as elsewhere. Epidemiologic methods have been of limited value in France because of language difficulties.

What will develop for the Army of Occupation in enemy territory remains to be seen.

INTERNATIONAL CONTROL OF VENEREAL DISEASES IN THE POSTWAR PERIOD: WITH SPECIAL REFERENCE TO ENGLAND AND WALES

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The author reviews the history of legislative attempts to control venereal disease in England and Wales, beginning with an act in 1864 which provided for the compulsory examination of prostitutes in a number of military establishments, but which proved ineffective and was repealed in 1886.

As a result of legislation and regulations made effective from 1913 to 1930, by the outbreak of the war in 1939, there had been created in England and Wales 187 free treatment centers, 13 hostels for the care and rehabilitation of girls, and 99 approved laboratories for free examination of specimens from VD patients. There is evidence that new cases of early syphilis dealt with at the centers in 1939 were less than one-third of those in 1920. Deaths of infants certified as due to syphilis fell from a peak of 2.03 per 1,000 live births in 1917 and 1.43 in 1921 to 0.20 in 1939. Admissions to hospitals for syphilis in the Services stationed at home fell from 8.1 per 1,000 per year in 1921 to 1.96 in 1936 for the Navy, from 9.8 in 1921 to 0.9 in 1937 for the Army, and from 4.1 in 1921 to 0.7 in 1937 for the R.A.F. As indicating that no great amount of syphilis had been left untreated in rural areas even in 1941, the number of syphilitic infections in Service men which occurred more than 10 miles from any center was only about 60.

In order to cope with the tendency toward an increase in venereal disease rates at the outbreak of the war, the following special steps were taken:

1. Medical departments of Services periodically transmit lists of places in each region with numbers of infections to Medical Officers of Health.

2. Provision was made for continuation treatment of Service men at civilian venereal disease centers.

3. Three-fourths of the cost of additional treatment facilities made necessary by wartime conditions through England and Wales was met by the Government.

4. Provision was made for special practitioner service (under consultant venereal disease officers) in places too small to justify the setting up of a center.

5. Periodical reviews were carried out in each area in the light of Service infections occurring there and recommendations were made to increase facilities if such a need was indicated.

6. Legislation was passed to bring under examination contacts that are impervious to persuasion.

7. Education of the public was intensified.

Measures 4, 6, and 7 are discussed in further detail by the author.

Intensification of public education was accompanied by an effort on the part of the Minister of Health in 1943 to break the taboo on public mention of syphilis and gonorrhea. Radio and press cooperated. The entire subject of venereal disease was debated in the House of Lords. An American feature film dealing with the problem was shown in 300 theaters. A War-time Social Survey measurement of public opinion showed that 91 per cent agreed with the principle of telling the public about venereal diseases. Only 2 per cent disagreed.

Data are presented comparing present venereal disease conditions with those at the outbreak of the war. With the addition of infections among both civilians and among members of the British Forces in the country, the increase in syphilis in 1943 was 6.9 per cent over 1942 compared with an increase of 29.6 per cent in 1942 over 1941, more than 40 per cent in 1941 over 1940, and of 21 per cent in 1940 over 1939. Altogether, new syphilitic infections in 1943 were 139.1 per cent higher than in 1939.

Venereal disease infections in the British Army stationed at home during the war have been:

1940.....	8.75 per 1,000 per year
1941.....	10.31 per 1,000 per year
1942.....	11.53 per 1,000 per year
1943.....	estimated not to exceed 12 per 1,000 per year

The average for the war of 1914-18 for troops stationed at home was just under 30 per 1,000 per year.

In 1939 in the Services the ratio was 8 or 9 cases of gonorrhea to one of syphilis whereas in 1943 there were only about 4 times as many cases of gonorrhea as syphilis.

In a discussion of the future of venereal disease control, the author states that careful consideration is being given to the possibility of making venereal disease notifiable. Reference also is made to the report of the Joint Committee on Venereal Diseases set up in 1943. This Committee emphasized the importance of increased educational work, laboratory procedures, prenatal blood testing, and contact investigation.

INTERNATIONAL CONTROL OF VENEREAL DISEASES IN THE POSTWAR PERIOD: WITH SPECIAL REFERENCE TO CANADA

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Canada would not have had a venereal disease control program if the United States had not had a Surgeon General Parran. Canada has obtained constantly a great deal of assistance from the U. S. Public Health Service, the U. S. Army and Navy, the Social Protection Division of the Federal Security Agency, and the American Social Hygiene Association. Two years ago there was no Canadian VD control program. Today there is a coordinated Federal VD Control Program involving the closest administrative and personal liaison between the Navy, the Army, and the Federal Civilian Health Department.

In four of Canada's nine Provinces the Army VD control officer is also the civilian VD control officer. Grants in aid have been made to collaborating Provinces. Canada has officially recognized the so-called four-sector front against venereal diseases, utilizing the community forces and their respective agencies and individuals under the Sector headings of "Health," "Welfare," "Legal," and "Moral."

On the Health Sector doctors, nurses, health departments, and hospitals are using the weapons of modern medical science. On the Welfare Sector official and private agencies are dealing with the important soci-economic problems related to venereal disease. On the Legal Sector the courts, legal profession, and law-enforcement agencies are fighting against disorderly houses and such hotels, rooming houses, restaurants, and other places as may facilitate the spread of disease.

On the Moral Front the church and the home exert influence against the promiscuity that spreads venereal disease.

A six-point health program, adopted by health departments generally throughout Canada, consists of (1) health education, (2) provision of adequate treatment services, (3) suppression of treatment by quacks, (4) blood testing—premarital, prenatal, and confidential pre-employment—and finally (5) tracing contacts and (6) bringing them to treatment.

An important step has been the adopting within the last 6 months of a uniform national notification form used throughout Canada. This form has given impetus to reporting and has made possible a weekly summary of the reported incidence of venereal infection.

Canada is on the verge of tremendous changes in the field of social security of which venereal disease is a part, and almost every one of the particular phases of social security now under consideration by the Canadian Government has direct and indirect implications with respect to venereal disease control. Developments which promise to influence venereal disease control include the creation two months ago of a new Department of Health and Welfare, payment starting July, 1945, of family children allowances to all children under the age of 16, and the prospective implementation of health insurance which would bring expenditures for venereal disease control in Canada to approximately 16 cents per person per year.

Looking towards the future, it appears from experience during the war that the health of individuals in one country is related to the health of individuals in other countries, that there will be great movement of persons among countries, and that venereal disease is a global pandemic which must be attacked on the basis of international collaboration.

INTERNATIONAL CONTROL OF VENEREAL DISEASES IN THE POST-WAR PERIOD: WITH SPECIAL REFERENCE TO MEXICO

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*(Read by JAIME VELARDE THOME, M.D., Federal Health
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Up to 1920 health activities in venereal disease control were limited to weekly inspection and registration of prostitutes, and only in Mexico City and some other cities was treatment, brief and inadequate, administered to the small number of infected women isolated. In 1920 the first antivenereal dispensary was founded in Mexico City. This was followed by immediate success and the establish-

ment of a second dispensary, marking the beginning of a new health policy in Mexico and initiating the campaign to combat venereal diseases.

There are now 60 specialized antivenereal dispensaries in the principal cities of the Republic, 450 health centers in smaller communities, and 130 health centers in rural areas whose activities include venereal disease control.

A central office with a full-time specialized public health officer is responsible for technical direction and supervision of all antivenereal activities. Medicines are furnished free of charge.

Objectives of the antivenereal services are (a) control of cases in an infectious stage (b) adequate treatment to prevent infectious recurrence (c) prevention of congenital infections (d) casefinding and caseholding (e) education.

Darkfield microscopic examinations are employed extensively.

Increasing attention is being given to contact investigation.

Professional, public, and patient education have been intensified.

In 1940 the Federal District and Territories abolished registration and inspection of prostitutes, and laws were enacted making punishable the conscious transmission of venereal diseases, incitement to prostitution, exhibition and exploitation of brothels, and contributing to the delinquency of minors. Several states of the Republic are adopting similar legal measures.

A federal health law provides for compulsory notification of cases by private physicians, compulsory treatment, compulsory hospitalization in necessary cases, premarital examination, and compulsory application of the Crede Method to every newborn baby. The responsibility of Federal, state, and municipal authorities and of workers' unions in cooperating with the antivenereal campaign and establishing clinics or contributing to their support, is recognized.

The Mexico-United States cooperative border program initiated in 1941 has been working very successfully. Several selected groups of public health officers have been given scholarships by the Pan American Sanitary Bureau to take specialized courses at various institutions in the United States. There has been notable advancement in the field of technical publications which include the bulletin, *Informacion Sobre Enfermedades Venereas*, and the *Programa Minimo de Trabajo para Dispensarios Antivenereos* which are printed in Mexico, published by the Pan American Sanitary Bureau, and distributed to all Latin-American countries. Posters and films also have been useful.

Public Health Department Laboratories grant to private physicians free and unrestricted laboratory examinations. The desired full cooperation of private physicians in the notification of venereal diseases has not been obtained.

The National Association of Venereology cooperates enthusiastically in the venereal disease program and publishes, bimonthly, the *Archives Mexicanos de Venero-sifilis y Dermatologia*.

A national training center to provide basic training of personnel employed in the control of venereal disease has been established in Mexico City.

Predictable post-war conditions will favor an increase in danger of venereal disease infection. When the masses now engaged in battle or war production return to normal civilian life, inter-American tourists will overflow the Pan American Highway, airlines that will unite the countries with each other will permit the treponema and gonococcus to pass over very easily any sanitary, custom, and geographic barriers. Then it will be more than ever essential to have the sincere cooperation of the nations to safeguard the ideals of peace and health.

INTERNATIONAL CONTROL OF VENEREAL DISEASES IN THE POST-WAR PERIOD: WITH SPECIAL REFERENCE TO THE CARIBBEAN AREA

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British and Scandinavian progress in venereal disease control, and partial solution of the Canadian and United States problems raise the question as to what postwar action lightly-infected populations will take to protect themselves against people heavily infected with venereal disease. Will this protection be gained by restricting migration? Or will all countries meet the need by developing effective control programs?

Caribbean countries, although scattered over a fairly large area, have always had the advantage of readily available regional water-borne transportation. Travel between islands of different sovereignties may often be accomplished by skiff. On a regional basis, therefore, restriction of migration is impracticable and impossible. All of the Caribbean islands must control the venereal diseases or all will remain infected.

Problems relating to control relate generally to public welfare measures and to social service, and specifically to education of the public and adoption by governmental agencies of sound methods for the control of irresponsible persons who are or may soon become infected.

The author discusses problems of public welfare and social service in the Caribbean area, including natural resources, population, housing, peculiar customs and climate. He states that the social and economic conditions create one of the greatest needs for effective

public health education that exists anywhere. Once an effective health organization is created in the area, its first job is to mould public opinion, in the accomplishing of which all of the promotional devices known to business should be employed.

The author states that he knows of no Caribbean country which has established a program of contact limitation and control based on modern concepts, and describes the prostitution system in the Caribbean.

Experience gained on one Caribbean island in recent months established a contact rate of 18,000 per thousand men per year among a group of several thousand men in the Armed Forces. The contacts were primarily with prostitutes and special precautions were taken to insure that the men received a type of controlled prophylaxis just subsequent to intercourse. In a period of about a year an average of three cases of gonorrhea developed per 1,000 contacts. If the 700,000 unmarried persons over the age of 15 in the population of 2,000,000 have the same contact experience, on an average, that the men of the Armed Forces had, and if gonorrhea occurs no more frequently, approximately 37,000 persons on the island would develop gonorrhea each year. Although the island is better organized to provide for clinical management and control of venereal diseases than are most of the Caribbean islands, and 90 per cent or more of the patients with gonorrhea who seek treatment obtain this treatment from government-operated clinics, only 7,500 cases of gonorrhea are reported annually to this insular health department. This evidence suggests that under conditions prevailing in the Caribbean area, therapy alone, even with the use of penicillin, will not be adequate to control venereal diseases, and that if disease is to be controlled, broad social and economic changes will have to be established which will stop the exploitation of women and place a reasonable limitation on the number of indiscriminate sexual exposures.

The author concludes with the statement that by establishing worldwide service utilizing modern health, social, and welfare measures the pestilence of venereal disease can be stopped for all time in the Caribbean as elsewhere.

REGIONAL VENEREAL DISEASE CONTROL IN EUROPE

POSTWAR PROBLEMS OF SYPHILIS FROM THE POINT OF VIEW OF MARITIME NATIONS

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Importance of defense of populations against venereal disease, a significant part of public health work throughout the world, becomes accentuated as rapid communications shorten distances, and large armies of military and civilian personnel are on the move during war.

A general increase of venereal disease occurred during World War I in most European countries, including Scandinavia. Unsettled conditions prevail also during postwar economic and political upheavals. Thus a catastrophic increase in venereal disease occurred in Germany from 1918 to 1921-1922 after demobilization. During the war itself the increase in Germany was relatively slight.

In some parts of Europe syphilis was reduced to relatively limited importance in the interwar period 1919-1939. In Belgium syphilis declined by more than 80 per cent from 1921-1927 (from 6,143 to 682 cases), and similarly in Holland after 1925. In the Soviet Union important legislation in 1927 reportedly made possible a decline of 23 per cent in primary and secondary syphilis from 1927 to 1929 (451,363 to 354,295 cases). In England and Wales syphilis declined by 46 per cent from 1931 to 1939. The steady decline of venereal disease rates after World War I in Denmark, Norway and Sweden to 10 to 20 cases per 100,000 inhabitants per year has largely been recognized as one of the classic public health achievements in venereal disease control. The author presents statistics for the three countries and their capitals, showing the decline in syphilis rates. The Scandinavian venereal disease control programs are summarized. Close similarity in living habits of the people and organization of governments and health administration among the Scandinavian countries may have contributed to venereal disease control success there, as lack of homogeneity in populations of other parts of Europe may have contributed to the seriousness of venereal disease problems in other countries in the interwar period. In southeastern Europe, Bulgaria and Yugoslavia, syphilis has been considered endemic for many years. Conditions in these countries and in Rumania and Hungary are discussed. Lack of adequate laws, including laws requiring the reporting of venereal disease, and lack of adequate public health and welfare facilities characterize the areas where venereal disease had been but little controlled before World War II.

War time venereal disease problems became recognizable in some European countries early in World War II. In England in 1940 patients receiving first treatments for syphilis increased by 12.5 per cent, and the total increase in syphilis among civilians and in the Armed Forces from 1939 to 1941 was 70 per cent. In the Netherlands mortality from congenital syphilis increased by 39.5 per cent from 1940 to 1942. In Belgium new cases of syphilis increased from 1942 to 1944 by 40 per cent. Indications from dispensaries in France are that new cases of syphilis doubled from 1941 to 1942 and doubled again from 1942 to 1943. In Germany the syphilis rate was 23 per 100,000 in 1938 and 43 per 100,000 in 1940. Deaths from congenital syphilis in the larger German cities increased by 73 per cent from 1941 to 1942.

The steady reduction of syphilis in Scandinavia continued until Germany attacked Denmark and Norway in 1940, when a rise began and continued into 1944. The increase in syphilis from 1940 to 1944 is estimated at sixfold in Norway and ninefold in Denmark.

In neutral Sweden the rise began in 1942 and seems to be continuing. Fragmentary evidence from other countries indicates that many parts of Europe probably have fared worse than Scandinavia. It has been estimated that syphilis in Europe after the war might be found at tenfold its prewar incidence.

The author lists six agencies through which some international cooperation and coordination of efforts in venereal disease control has been effected in the past. The author also discusses venereal disease control programs for merchant sailors and describes the program which has effected an estimated 66 per cent reduction in the prevalence of syphilis in the Norwegian Merchant Marine from 1942 to 1944.

Discussing postwar venereal disease problems, the author states that the time has come for an internationally planned and coordinated crusade against the most widespread of all communicable preventable maladies, the venereal diseases.

INTERNATIONAL CONTROL OF VENEREAL DISEASES IN THE POSTWAR PERIOD: WITH SPECIAL REFERENCE TO FRANCE

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The problem of postwar venereal disease control in France presents two aspects: (1) Prisoners and compulsory war workers detained in Germany and persons sent to concentration camps because of political beliefs should be checked for venereal disease before repatriation. (2) Every French person who has remained in France should be examined as to venereal disease status. Results of examinations among both groups should be recorded on health cards which all should be required to carry.

Although persons confined in camps will be in poor state of health, they should have a low venereal disease rate. Sanitary stations will have to be established at the border on railroads and highways to examine persons who, in eagerness to return, escape earlier checkups.

An estimated infection rate of 8 to 10 per 1,000 is expected among compulsory workers, and 10,000 to 15,000 patients will require adequate treatment before repatriation. The problem of providing laboratory equipment and personnel for 20,000 blood tests a day, and the problem of drugs for treatment arise.

The author states that it is essential that venereal diseases be classified as among the communicable diseases to be dealt with in the UNRRA undertaking to transport 30 million persons now displaced throughout the world.

French statistics exemplify the increased dissemination of venereal diseases when large groups of people are moved. During 1941 and 1942 the number of new cases was twice what it was in 1939. In 1919 the rate in the French Army reached 20 per thousand, compared with the average peace time rate of two per thousand.

It is hoped that an International Commission of Health Control will lend all possible facilities for carrying out the extensive problem of the repatriation of the French.

Two laws already have been issued by the French Government to establish compulsory treatment and followup of every VD patient.

It is expected that in the very near future a large majority of the French adult male population will have come under medical control and classification within the following categories: prisoners of war and those politically banished, compulsory workers in Germany, refugees in France, military men before their discharge, government employees, and industrial workers. Within a few years probably every school boy will be submitted to a careful medical examination upon enrollment, and to periodical checkups throughout his school days.

The individual health card, issued to every person examined, will be the first major step toward a general program of health survey that will apply throughout France and will help in the control of venereal disease as well as such prevalent diseases as tuberculosis and cancer. The health service will keep records of all cases and assume responsibility for following them up and treating them as long as necessary.

RAPID TREATMENT FOR SYPHILIS

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Various rapid methods now in use for treatment of syphilis represent experimental efforts to shorten the course of the disease. Medical history records several attempts to introduce shortcut treatment procedures.

With the introduction of salvarsan, Ehrlich believed that he had achieved a method of eliminating in one dose the newly discovered infective agent.

In 1909 and 1910 the first successful attempts to achieve both early serologic and clinical cure were secured by the late Sigmund Pollitzer who combined old salvarsan given in rapidly repeated large doses over a shorter period of time, with full doses of injections of insoluble mercury salts.

Hyman, Chargin, and Leifer, who introduced the intravenous drip method of administering large doses of arsenicals over a short period of time successfully demonstrated the possibility of eradicating the disease in its early stages by achieving a high concentration of arsenic in the blood stream.

The present era of rapid treatment methods represents one of the therapeutic advances stimulated by the exigencies of the war program which have made it necessary on the face of a greater degree of exposure and a threatened increase of venereal diseases to devise means of preventing, if possible, any increase in the peacetime level of venereal disease rates. To this end, the U. S. Public Health Service, Venereal Disease Control Officers of the Army and Navy, and the Venereal Disease Subcommittee of the National Research Council have joined in a cooperative effort to devise means of rapid treatment of syphilis.

In general the preliminary treatment procedures were all modifications of existing methods in that they embodied giving larger doses of arsenic and heavy metal over a much shorter period of time. These various methods, initially used and to a large extent still in use with constant modifications, are described by the author.

The entire program within the last year has been greatly extended and modified by the introduction of penicillin, used alone, and in combination with other agents.

During the past two years 63 rapid treatment centers have treated over 25,000 cases of early syphilitic infection by one of the intensive methods.

Evaluation of the rapid treatment systems can at this time be appraised only with regard to immediate therapeutic effects. It is quite evident, however, from most careful observation and followup that the infections seem to have been arrested, aborted, and serologically reversed in a very large percentage of cases.

In general all of the methods employed have given apparent satisfactory therapeutic results as determined by the rapidity of dissolution of lesions, of the approach to sero-negativity in those patients who were positive, the maintenance of negativity in those who never became positive, and in the general low relapse rate.

Advantages of rapid treatment methods in the venereal disease control program include the practical assurance of noninfectiousness within a short period, the reduction of spread of the disease by hospitalization of the patients during the period of infectiousness, the likelihood that many patients have been saved the physical and economic consequences of the late sequelae of inadequately treated or untreated infections, and the educational value of information made public regarding the rapid treatment program.

Disadvantages include loss of time and income incident to hospitalization of patients, necessary emphasis on mass rather than individual treatment, and, most important, the anticipated greater

risk to the patient. In the author's opinion the incalculable benefits to the large number of patients successfully treated outweigh all of the disadvantages.

It does not seem desirable at this time to recommend the treatment programs now employed in rapid treatment centers and in the Armed Forces for use in general medical practice. These methods should still be regarded as experimental expedients of wartime medicine. It is safe to predict, however, that results achieved will ultimately lead to safer methods, with far less expenditure of time and money than is required when treatment is conducted on conventional lines.

EPIDEMIOLOGY OF THE VENEREAL DISEASES

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The author refers to the statement "No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring," which appears regularly in *Public Health Reports*, as presenting the crux of the problem of venereal disease epidemiology. In St. Louis more venereal diseases are reported than all other infectious diseases combined. Minutes of the Board of Health for 1864 show that the most frequent infectious diseases admitted to the City Hospital were the venereal diseases.

The Civil War, the Spanish American War, World War I, and the present war all have brought venereal diseases to the forefront. Venereal diseases have always been contracted from the civilian population by the Armed Forces and the Armed Forces' rate of infection is directly related to the degree of infection in their local area. Each war has provided the military forces the opportunity to give to local health officers additional information as to the nature and extent of sources of infection. During the past 30 years epoch-making discoveries in the diagnosis and treatment of venereal diseases have been made, and increased facilities for their use have been made available everywhere. Yet widespread prevalence of these diseases continues because we have failed in contact examinations.

If we wish to have the greatest application of methods of diagnosis and their effect upon prevention of further spread of the diseases, prompt reporting of cases as well as contacts is essential. We have failed largely in our control of VD because we have only treated patients who have reported to physicians for treatment. We have missed the most valuable opportunity for prevention of further spread of infections when we do not get the contacts or possible sources of the infection. Here lies the great field for endeavor for the future. The author states that we should have learned a lesson

long ago from the control measures in tuberculosis, in which for over 40 years the necessity for contact examination has been emphasized, and which have reduced tuberculosis deaths to one-third their former rate without benefit of specific drugs to render patients non-infectious.

The author concludes with a discussion of psychological and environmental influence affecting sex behavior and the spread of venereal disease.

FALSE POSITIVE REACTIONS IN THE SEROLOGY OF SYPHILIS

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Durham, N. C.*

The author lists a number of diseases which may produce false positive reactions in blood serologic tests for syphilis, points to the public health and military importance of the resulting problem, and states that proof has not been established of the validity of the empirical modifications of standard serologic procedures intended to verify syphilitic or false positive reactions.

The author presents preliminary data obtained in the course of an investigation by a group of workers seeking to detect by chemical or immunological methods, differences in the reactive antibodies of syphilitic and false positive serums. The main objective of the investigation has been to determine whether false positive reactions are due to the presence of antibodies which, although serologically related to those present in truly syphilitic serums, are sufficiently distinct to provide, on the basis of their chemical or physical characteristics, a serologic method of differentiation. Experimental approach to the problem is rendered difficult by the lack of a specific spirochetal antigen of human strain and the absence of a definite clinical base line for identification of so-called false positive serums. Further, since in both groups of sera the antibody constitutes a minute fraction of the total proteins, reliance had to be made on nonspecific methods of purification, based on separation of the individual globulins by two methods: (a) fractional precipitation with ammonium sulfate, and (b) precipitation by a more rapid and expedient method based on the insolubility of some globulin components in solution of low salt concentration. Although the resulting products contain a large amount of serologically inert proteins, the albumin, which inhibits the activity of false positive globulins, has been eliminated by these methods. Increased reactivity of the isolated globulin, relative to the whole serum, has been found to be characteristic for false positive sera. With syphilitic sera, these methods of separation lead to an apparent decrease in reactivity.

* The work described was done under contract, recommended by the Committee on Medical Research, between the Office of Scientific Research and Development and Duke University. It was carried out by a group of research workers; full acknowledgment of assistance will be made with publication of the complete paper.

Addition of crude human albumin to false positive globulins causes inhibition of their activity as well as redispersion of the specific floccules. No such effects were noted with syphilitic globulins.

False positive sera, or fractions, are more susceptible to heat inactivation than syphilitic sera or fractions.

Precipitation with calcium phosphate lends itself to the further purification of syphilitic antibody whereas false positive antibodies are not affected under similar conditions.

Syphilitic and false positive sera appear to differ from one another also in the distribution of the serum proteins, as revealed by electrophoretic analysis; however, individual variations within each group are too great to render this method of practical value.

Chemical and immunological considerations demand that before any verification procedure can be claimed to have validity, or even reality, it must be demonstrated that the antibodies elicited in syphilitic and false positive sera, respectively, are chemically or serologically different. Further, any such verification technique must be based on established differences in the properties or reactivities of the antibodies rather than on trial and error modifications of standardized serological methods. The author emphasizes that he and his associates are not prepared to make any promise, or claim, that the data presented may eventually lead to a practical and specific method of differentiation. They believe, however, that the experiments described have been performed on a sufficiently large number of specimens to indicate that the antibodies in false positive sera depart in various significant respects from the behavior of the Wassermann antibody of syphilitic sera.

PROMISCUITY AS A FACTOR IN THE SPREAD OF VENEREAL DISEASE

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AND

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The reason we fail to conquer venereal diseases, one of the greatest preventable human tragedies, is our prudery and failure to face the over-all problems, their causes and background. The sex urge is as fundamental as hunger and thirst, and in our sensate society has led to promiscuity, the most vital factor in the spread of venereal disease. Venereal disease control therefore is related to church activity, school activity, parent education, youth agencies, recreational activities, law enforcement, protective care of girls and boys, training in leadership, and a long range public health educational program.

Diversity of factors, many of which are nonmedical, is characteristic of control of many communicable diseases other than venereal diseases, such as typhoid fever, tuberculosis, malaria, yellow fever, cholera, and plague. The diversity of problems must be recognized and programs must be effectuated to accomplish their solution.

The nonmedical problems related to VD control are those that relate to sex promiscuity. The solution of the problem of promiscuity does not lie in the hands of the medical profession. It will be corrected only by cultural changes in society.

The authors present analyses of several sets of statistical data. Serologic examination of 14,345 new employees of a San Francisco war industry, representing largely a transient population, revealed a higher incidence of syphilis than found in a pre-war serologic survey among labor unions, representing largely a non-transient population.

Data from the Psychiatric Service of the San Francisco Clinic showed sexually promiscuous patients referred to the service in 1943 were generally under 22 years of age. Of 168 patients 63 per cent came from broken homes, 83 per cent reported familial conflicts.

Classification of 1,402 women examined at the San Francisco Separate Women's Court showed that 22.2 per cent were prostitutes, 53.5 per cent were promiscuous, 20.2 per cent were alcoholics, and 4.1 per cent were drug addicts.

The authors also present data regarding the religious affiliation and the mental status of infected women.

To win against promiscuity and venereal disease, health departments will require the assistance of the pastors, the sociologists, the educators, the peace officers, the prosecutors, and the jurists.

VD CONTROL—A WAR ON MANY FRONTS

MARK A. McCLOSKEY

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The venereal diseases must be controlled, as must any other communicable diseases. Because of the multiple causes of the spread of venereal diseases cooperative effort of all forces is necessary on all fronts, police, moral, health, public concern, and welfare. Recognition of this need for a cooperative approach is basic to the program of the Social Protection Division of the Office of Community War Services.

The Social Protection Program aims to hit venereal diseases at their source by cleaning up breeding places through repression of prostitution and sexual promiscuity, and through a redirection and

preventive program to help women find ways of life which do not lead to promiscuity or to prostitution.

Since 1939 red light districts have been closed in more than 600 communities. However, there is danger that promoters of commercialized prostitution will attempt to revive their lucrative business when the war is over.

The two major law enforcement objectives of Social Protection are (1) a relentless drive against all persons who profit from commercialized prostitution, and (2) to clean up or wipe out the places which contribute to its existence.

Police procedures sought by the Social Protection program are: (1) increased use of police women; (2) safe, sanitary, humane detention for all arrested persons; (3) arrangements for medical examination and treatment in all cases of detention; (4) juveniles should not be detained in jail unless and until every other possibility has been explored and until every effort has been made to return the child to its home; (5) the court should base sentence on a pre-sentence study of background and other factors bearing on the case.

In dealing with the commercial aspects of the problem, Social Protection has had the support of the American Hotel Association, the Association of Taxicab Owners, the Brewing Industries Foundation, the Conference of Alcoholic Beverage Industries, and tavern associations.

Police and health authorities must work in coordination, but their responsibilities are different. The police job is to prevent crime and to arrest offenders; the health officer locates and treats diseased persons. It is the policeman's duty to notify the health department when an arrest has been made because of a sex offense, but persons arrested for sex offenses should be charged and tried solely on the basis of offense as defined by law.

Social, emotional, moral, and welfare aspects of Social Protection are discussed. The Social Protection Division's job is community organization and coordination in communities throughout the country. This has been accomplished by organization of community Social Protection Committees with membership representative of law enforcement, health, welfare, the military services, and other vitally interested groups, with the aim of gaining citizen understanding, support, and participation.

REPORT OF SECTION ON DIAGNOSTIC AND THERAPEUTIC PROCEDURES IN GONORRHEA

CHAIRMAN: ROGERS DEAKIN, M.D.

*Washington University School of Medicine; President, American
Neisserian Society, St. Louis, Missouri*

SECRETARY: C. J. VAN SLYKE

*Senior Surgeon, Assistant Chief, Venereal Disease Division,
U. S. Public Health Service*

The Section on Diagnostic and Therapeutic Procedures in Gonorrhea submitted the following recommendations:

Diagnosis of gonorrhea is presumptive or absolute. In absence of cultural confirmation; presumptive diagnosis is made on spread, epidemiologic, and/or clinical evidence of the disease.

An absolute diagnosis is based on detection and isolation of the gonococcus, confirmed by carbohydrate fermentation tests, together with acceptable clinical evidence of the disease.

The Section recommends that wherever possible laboratory facilities of high quality be made available to health departments and the medical profession for aid in diagnosis.

The reporting of the presence of *Neisseria gonorrhoea* based entirely on finding of so-called typical colonies which are oxidase positive is condemned. This practice is somewhat less objectionable if by spread examinations the organisms of the colony are shown to be gram-negative diplococci morphologically resembling the gonococcus.

Present evidence indicates that the early promise of sulfonamide compounds has not been fulfilled.

Penicillin is highly effective, rapid, without significant toxic effect, and appears to offer extremely important step toward the control of gonorrhea infections. Time-dosage relationships have not been firmly established. The section urges that the present trend toward employing penicillin in minimal to moderate amounts be supplanted by more generous administration when increased supplies make this possible.

The Section urges that studies of the type of the recent ones in agents such as beeswax and peanut oil which inhibit the absorption of penicillin and offer prospects of substantially curtailing the period of treatment be encouraged.

Pending the widespread availability of penicillin, the therapy of choice, the Section favors continuation of the use of sulfonamides according to previously accepted dosage schedules and the use of conventional types of local treatment or fever therapy for those who have a sulfonamide-resistant gonorrhea, where penicillin is not available.

The Section finds that the incidence of complications seems to be on the decrease and complications appear amenable to penicillin therapy. It is often necessary to employ larger doses over a longer period of time than in the uncomplicated infection. For certain complications it may be necessary to employ adjuvant therapy, such as immobilizing casts for the more destructive lesions of arthritis. For occasional individuals in whom chemotherapy will not be entirely satisfactory, the knowledge and services of the gynecologist, the orthopedist, the ophthalmologist, the urologist or the surgeon will be required.

The Section considered criteria of cure. It has been clearly demonstrated that the higher the quality of culture investigations the less confusion arises as to determination of cure. Failure to perform or properly to perform differential carbohydrate fermentation tests, has led to the detection and designation of certain non-pathogenic organisms which are not amenable to penicillin therapy as gonococci. It was stressed that a single negative culture following penicillin therapy was rarely succeeded by any cultures which later demonstrated that the patient continued to harbor the gonococcus. The Section urges that repeated culture studies be undertaken where feasible but tentatively recommends that a single negative culture following penicillin therapy be accepted as a practical measure in determination of cure.

The Section, recognizing the possibility of a syphilitic infection being acquired concomitantly with the gonococcal infection, recommends that each gonorrhea patient be properly informed as to this possibility, that verbal and printed warnings be used to impress strongly upon the patient the subcurative influence of penicillin to alter or mask early symptoms of syphilis when administered in amounts given for gonococcal infection, that the patient be reexamined whenever untoward signs or symptoms occur, and that serologic blood examinations and physical examinations for the detection of syphilis be made approximately two months and three months post-treatment.

The diagnostic significance of the satellite bubo and the interfering action of even small amounts of penicillin on the results of darkfield examinations are stressed.

The Section is in possession of no information concerning new or improved methods of prophylaxis. Development of a stable, highly effective nonirritating chemical prophylactic agent, not messy and readily employed, would be a valuable contribution.

Because of difficulties of preparing and testing fraction or fractions of gonococcus which may have antigenic properties capable of producing suitable degree of immunity, further consideration of the possibility of prophylaxis of gonorrhea through immunizing gonococci was delegated to Section members for further consideration.

The Section recommends extensive research. The biology of the gonococcus as related to the possible effecting of immunization procedures requires experimental investigation. There must be continuing effort to improve the media employed in cultural diagnosis.

The entire field of therapy must be constantly under review; emphasis should be placed on determining the role of penicillin absorption inhibitors in therapy of gonorrhea.

The Section recommends close coordination of health officer and physician in private practice to bring all patients with gonococcal infection to treatment as quickly as possible.

REPORT OF SECTION ON DIAGNOSTIC AND THERAPEUTIC PROCEDURES IN SYPHILIS

CHAIRMAN: A. W. NEILSON, M.D.

Consultant, Midwestern Medical Center, St. Louis, Missouri

SECRETARY: HOWARD P. STEIGER

*P. A. Surgeon (R), United States Public Health Service,
Charlotte, North Carolina*

The Section on Diagnostic and Therapeutic Procedures in Syphilis made the following recommendations:

Penicillin for early syphilis:

1. 1.2 million units of penicillin in seven and one-half days will be continued since sufficient evidence has not been accumulated to adequately evaluate this schedule.
2. 2.4 million units of penicillin in seven and one-half days will be continued by the Army and Navy. This will provide sufficient cases so that there is no need for civilian investigation of this schedule.
3. 1.2 million units of penicillin in seven and one-half days, plus daily injections of 40 milligrams of mapharsen. It is estimated that mortality by this method will be approximately 1 in 1,500 cases.
4. 1.2 million units of penicillin in seven and one-half days, plus 1 gram of bismuth subsalicylate given in five injections concurrently.
5. 1.2 million units of penicillin in seven and one-half days plus fever.

Penicillin for late syphilis:

Penicillin is effective in a considerable proportion of late syphilitic manifestations.

1. Penicillin has little or no effect on reversing fixed positive blood serologic reactions.
2. Penicillin has an arsenic-like effect and will probably replace arsenic, particularly the pentavalent arsenicals.
3. Penicillin has a striking effect in grade I and grade II spinal fluids, and its efficacy in grade III spinal fluids is inversely proportional to the duration and extent of the infection.

4. Treatment of grade III spinal fluids with 2.4 million units to 4 million units of penicillin in seven and one-half days is justifiable. Initial doses should be reduced to prevent reactions.

5. The effect of penicillin plus fever in late syphilis has not been determined.

6. Treatment-resistant central nervous system cases sometimes respond to penicillin.

7. Preliminary evidence indicates that early cases of tabes and paresis are clinically improved by penicillin therapy.

8. Preliminary evidence indicates that penicillin is effective in acute syphilitic meningitis.

Penicillin for congenital syphilis:

1. The results in syphilis of the newborn are comparable with those of early acquired syphilis.

2. Preliminary evidence indicates that the effect of penicillin in juvenile neurosyphilis is good.

3. Caution is necessary in the use of penicillin in interstitial keratitis since it has an erratic and sometimes deleterious effect.

Penicillin therapy by slow absorption:

1. Penicillin by absorption-retarding methods, such as suspension in oil, is under investigation and shows promise.

* * *

The following motion was unanimously adopted by the Syphilis Section:

That the cooperative study of penicillin in early and late syphilis under the general auspices of the Office of Scientific Research and Development, in participation with the United States Army, Navy and Public Health Service be continued for a period of five years from now, or until adequate data have been obtained as to optimum methods or doses; further, when cessation of hostilities and financial support of these studies thereafter ceases, the cost of the continuation of this program should be assumed by another organization, governmental or otherwise.

Intensive arseno and fever therapy:

1. Intensive arsenotherapy is a wartime expedient for the control of infectious syphilis and is not recommended for use outside a hospital by inexperienced personnel.

2. The cure rate is about the same as that of completed conventional therapy and has the advantage of reaching the individual who would not complete routine therapy.

3. More reactions are to be expected from intensive therapy than from routine therapy.

4. Since an estimated 60 per cent of all patients started on routine therapy did not receive enough treatment to prevent relapse and late sequellae, intensive therapy is justified, provided the incidence of reaction is kept at a low level.

5. According to competent observers, fever therapy alone will not cure early syphilis.

6. Fever doubles the toxicity but quadruples the efficacy of the drugs employed.

7. The incidence of satisfactory results with combined fever and arsenotherapy compares favorably with intensive arsenotherapy.

Diagnosis:

1. The establishment of a diagnosis of syphilis by the darkfield should be acceptable only when done by trained personnel and subject to final interpretation in the light of clinical findings.

2. False positive serologic reactions due to non-specific causes and technical errors are of interpretative importance. It is recommended that the confirmation of serologic tests be practiced when essential to diagnosis and that physical examination be routinely employed, but that the early diagnosis of seronegative or seropositive primary syphilis be not endangered by undue skepticism as to the efficacy of diagnostic tests.

3. It is conceivable that false positive and fixed positive reactions occur in the spinal fluid as well as in the blood.

4. Epidemiologic efforts must be intensified to keep pace with accelerated treatment programs since an increased number of reinfections may be expected.

5. Although a great deal of scientific investigation is in process at the present time, no satisfactory test has been evolved for the conclusive differentiation between the false and the true syphilitic positive reaction.

REPORT OF SECTION ON EPIDEMIOLOGY

CHAIRMAN: N. A. NELSON, M.D.

*Deputy State Health Officer, Division of Communicable Diseases,
Maryland State Department of Health*

SECRETARY: LIEUTENANT COLONEL ROBERT DYAR (MC)

U. S. Army Air Forces

The Section on Epidemiology offered the following opinions, conclusions and recommendations:

1. *As to the conflict between nomenclature and sound epidemiologic procedure, and the confusion which therefore surrounds all attempts to measure the results of contact investigation and case holding:*

The definition of early syphilis should remain as it is, but it will be necessary that the epidemiologist use discrimination in practical casefinding and caseholding to the end that effort will not be wasted in attempts to reach too far beyond the period of infectiousness of the disease.

Much epidemiologic terminology is confusing; and unless it is redefined, reasonably accurate evaluation of epidemiologic accomplishment will be impossible. It is important that such terms as case, contact, case finding and case holding be clarified. With such clarification it may be possible to devise simple and practical indices to express epidemiologic accomplishment and to determine whether this accomplishment can better be expressed on the basis of epidemiologic units than as new infections found per so-called "original case."

It was recommended that the U. S. Public Health Service select an Advisory Committee on Epidemiologic Procedure one of whose functions will be to determine, in consultation with representative State and local venereal disease control officers, whether or not practical and acceptable definitions of these terms can be evolved, and adequately simple indices of epidemiologic accomplishment be devised.

Research is as essential in epidemiology as in clinical and laboratory medicine. It was agreed that the most useful information as to incidence, prevalence and trends has come from group studies, such as serologic surveys of selectees, pregnant women, candidates for marriage, et cetera. Carefully conducted and well controlled studies of selected population groups, repeated from time to time, must be continued, for upon such studies accurate appraisal of trends must depend in the long run. There is still thought to be sufficient interest in morbidity reporting, especially for stimulation of public interest in the problem, to warrant its continued use.

2. *As to the inadequacy of current casefinding and caseholding procedures, particularly in view of the rapid curative effect of penicillin and certain other therapies:*

It is recommended that detailed consideration of the problem be another function of the previously proposed Advisory Committee on Epidemiologic Procedure.

It was the consensus that much time and effort now being wasted in essentially non-productive procedures might better be utilized in specific forms of casefinding. Suggestions arising from discussion included:

(a) Need for determining more exactly when field visits for case holding should give way to administrative follow-up by letter, telegram and telephone, and when neither field nor administrative effort should be made.

(b) Need for determining which areas of case finding are productive with the view to abandoning those that are not.

(c) Need for review of practice of making return reports of results in interstate contact investigation.

(d) Need for elaborating a generally acceptable policy as to treatment of patients, especially female, with gonorrhea, on epidemiologic and clinical findings.

The Section was in general agreement that with the advent of penicillin therapy contact investigation must be intensified so that more new infections may be found, and must be greatly expedited in view of the great possibility of reinfection.

The Section expressed doubt as to the value of case holding in gonorrhea after penicillin therapy except for purpose of determining whether syphilis infection also has occurred.

It was the opinion of the Section that fullest possible use should be made of all available health department personnel in order to intensify and expedite case finding.

The Section believes that much thought must be given to epidemiologic investigation in private practice, for when the cost of penicillin is reduced and it becomes readily available, there doubtless will be a real drift of the infected to private physicians and away from existing organized case finding facilities.

3. Epidemiologic report forms and records:

The Section unanimously expressed appreciation of the efforts of the U. S. Public Health Service to standardize and simplify forms, especially those used in interstate contact investigation and case holding. It is recommended that the proposed Advisory Committee on Epidemiologic Procedure give its attention to the further simplification of working forms, in consultation with those who are ultimately to supply the information in the field. These forms should be so devised that analysis of the data collected will serve primarily to help the health officer and his staff do better work in the field.

4. International epidemiology:

International collaboration in venereal disease control is essential in view of enlarged and more rapid international transportation facilities and the probability of increasing incidence of venereal disease in populations physically and emotionally dislocated by war. Success of cooperation demonstrated by the Allied Armed Services should serve as a source of encouragement to other agencies.

International cooperation should include exchange of technical and epidemiologic data including information concerning the facilitation of the spread of venereal disease.

Venereal disease control problems should be viewed on a global basis, and there should be constant global evaluation of trends, control programs, and control strategy. To this end some form of international venereal disease organization should be provided, and provision should be made for periodic assemblies for full discussion of problems involved.

5. *The need for redefining public health practice in the light of the relationship between sexual promiscuity and the spread of gonorrhea and syphilis:*

It was the practically unanimous opinion of the Section that:

(a) One responsibility of the health officer is to attempt the control of gonorrhea and syphilis by epidemiologic investigation and therapeutic procedures.

(b) It is the further responsibility of the health officer to appreciate that if it were not for sexual promiscuity there would be no venereal disease.

(c) It is still further his duty to make this epidemiologic relationship of sexual promiscuity to the venereal diseases known to every person within his jurisdiction.

(d) It is his duty, therefore, as a health officer and a good citizen to align himself with those forces in the community which are concerned with the improvement of human male and female relationships for the sake of better morality and the preservation of the family as the basic unit of our civilization. He must know that the solution of this broader, more fundamental problem contains the ultimate solution of his own disease control problem.

It was equally the opinion of the Section, however, that the health officer should firmly and conclusively reject the implication that the control of venereal disease is either the sole or the primary objective of social hygiene.

The public in general has been thoroughly convinced by the universal clamor for venereal disease control that this is the sole objective of the social hygiene program. Carried to its logical conclusion, this line of reasoning must lead to the saddling of the health officer with the direct and official responsibility for the repression of prostitution, the control of juvenile delinquency, the teaching of sex hygiene and the promotion of sex character building. This approach implies that when gonorrhea and syphilis cease to be important as public health problems, there should be no further objection to prostitution and promiscuity in any degree.

It was the consensus of the Section that those forces in the community which should be interested in strengthening our moral fibre and in securing the position of the family as the most important element of our civilization should find in those objectives the fundamental stimulus for doing something about sex promiscuity and the correction of those special conditions which promote and facilitate sexual promiscuity.

Gonorrhea and syphilis are only symptoms of a social condition which threatens something far more important than the health of our people, namely, the structure of society itself.

We must not permit those upon whom this larger and more fundamental responsibility rests to unload that responsibility upon us by

the legerdemain of making the symptoms appear to be the basic disease. The report concludes that we shall be guilty of the gravest malpractice if we permit ourselves to be persuaded to assume a responsibility which is so obviously, first, that of the church, the home, the school and every other character building agency in the community, and only secondarily an epidemiologic responsibility.

REPORT OF SECTION ON EDUCATION AND COMMUNITY ACTION

CHAIRMAN: WILLIAM F. SNOW, M.D.

*Chairman, Executive Committee, American Social
Hygiene Association*

SECRETARY: H. H. HAZEN, M.D.

President, District of Columbia Social Hygiene Society, Washington, D. C.

The Section on Education and Community Action made a progress report subject to such revision as may come from further correspondence among section members.

The Section discerned in all papers of the three-day venereal disease control conference increased recognition that prevention and control of venereal diseases is a social as well as a strictly scientific and medical problem. The health officer must deal with human beings, individuals, personalities, and to be successful must reach and influence the interests, desires, and motives for action of patients, contacts, and others whom he hopes to prevent from contracting a venereal disease. These people are also in close relationships with other persons and the medical approach to the solution of the problem must also be correlated with a social approach. Assistance of well trained public health nurses, social workers, and health educators is needed. The part played by religious motivation, character training, and moral education as forces aiding individuals to avoid exposure, must be recognized.

The impact of postwar demobilization may have serious implications for future venereal disease control unless plans are made on the basis of practical solutions for sociological, psychological, and ethical problems as well as for public health and medical problems.

In all programs for education and community action for postwar venereal disease control four major approaches—health, welfare, legal, and moral—must be kept in mind.

The prevention and control of venereal diseases concerns the whole organization of society, but the primary public responsibility rests upon the official health authorities operating at local, state, regional, and federal levels.

It is assumed that in dealing with the health and medical aspects of education and community action the factual material comprising

what may be told to the public and to individuals about the public health and medical advances against venereal diseases will be provided or approved by the health authorities.

For all citizens education appropriate to their age and cultural status is fundamental. The initiative for promoting this education in each community rests upon the health official who, in order to make certain that there are no important gaps in the whole community program, should cooperate with professional groups and agencies having specialized responsibility or competence in regard to the several aspects of the problem.

The Section stressed the importance of adequate education and training for health educators and for other professional groups.

To carry out, at the national level, responsibility for aiding states, territories and communities in securing the informed citizenry whose support and cooperation is essential in eradicating the venereal diseases, the United States Public Health Service should be provided with adequate funds for its part in an active public education program embodying use of all appropriate means, it being understood that the subject matter shall be accurate and in its presentation dignified and in accord with the accepted ideas of good taste and sound educational principles. State and local public health agencies should carry out this program with such federal assistance as may be helpful.

Consultation with, and cooperation of, other official units of administration and the voluntary agencies concerned with the specific problems of social hygiene, the family, the church, and the school influences in community life in general is essential. All of these have definite educational responsibilities, and without their participation and support all efforts to prevent and control the venereal diseases will be seriously limited.

The family, the biologic unit of society, is all important in the conquest of venereal diseases. The function of the family, if not the existence of individual families, is threatened by the venereal diseases. If encouraged and aided, the family can most effectively establish life habits of its members and patterns of behavior, and can influence greatly the prevention of promiscuity and the maintenance of sex health.

It is recognized that ultimately the solution of the problem of venereal disease control will be greatly facilitated by the formation of attitudes of personal responsibility and acceptance of the social obligations for the proper expression of the sex urges. Education in the home, school, and church presented in harmony with sound social and psychological principles will be most likely to produce these attitudes. To be most effective and acceptable the educational objectives must be concerned primarily with the improvement of individual adjustment, the strengthening and conservation of the family, and the improvement of community life. Such educational efforts should be encouraged through provision of proper facilities for preparing parents and teachers for their educational tasks, and the support of

states seeking to establish long range programs. The principles and procedures basic to such education should be developed by consultation among qualified professional personnel.

The Section discussion brought out the view that the venereal diseases are symptoms not only of poor sexual behavior and maladjustments, but also of poor economic and environmental conditions and opportunities for families and children.

A comprehensive health program in common with the welfare program generally calls for the establishment in communities of those conditions and services which are essential to the control of the venereal diseases. Such a program necessitates provision of wholesome environment for youth, adequate recreation, sufficient employment opportunities, suitable housing, sound educational programs reaching adults as well as youth, and a community consciousness of the importance of these and other preventive forces. In short, there should exist in all communities the conditions and services essential to constructive and creative living.

In the field of welfare, minimum services which should be available in every community include social case work service to law enforcement departments, the courts, venereal disease clinics and rapid treatment centers.

Service to or within the police department should include interviewing and proper referral to existing community agencies and resources.

Service to or within the courts should include assistance in the preparation of suitable pre-sentence study following conviction, and competent probation supervision.

Service to or within venereal disease clinics and the rapid treatment centers should include assistance with the personal or social problems related to illness or medical care.

The community should look to the social service agencies, public and private, for the adaptation of their services to individuals for assisting them in their personal and social difficulties.

It was agreed that appropriate resolutions or recommendations should be embodied in the report commending particularly the notable work of the Social Protection Division of the Federal Security Agency, the American Social Hygiene Association's legal and protective work, and related activities of other governmental and voluntary national, state, and local agencies, and recommending a continuation of Federal government activity in social protection during the war and thereafter.

The Section called for adequate Federal assistance to the states and communities for aid in these activities which support and complement the medical and public health programs, while being essential for attaining the broad social hygiene objectives in the field of Welfare. It was understood that such assistance would probably require Congressional and state action and appropriations, and the

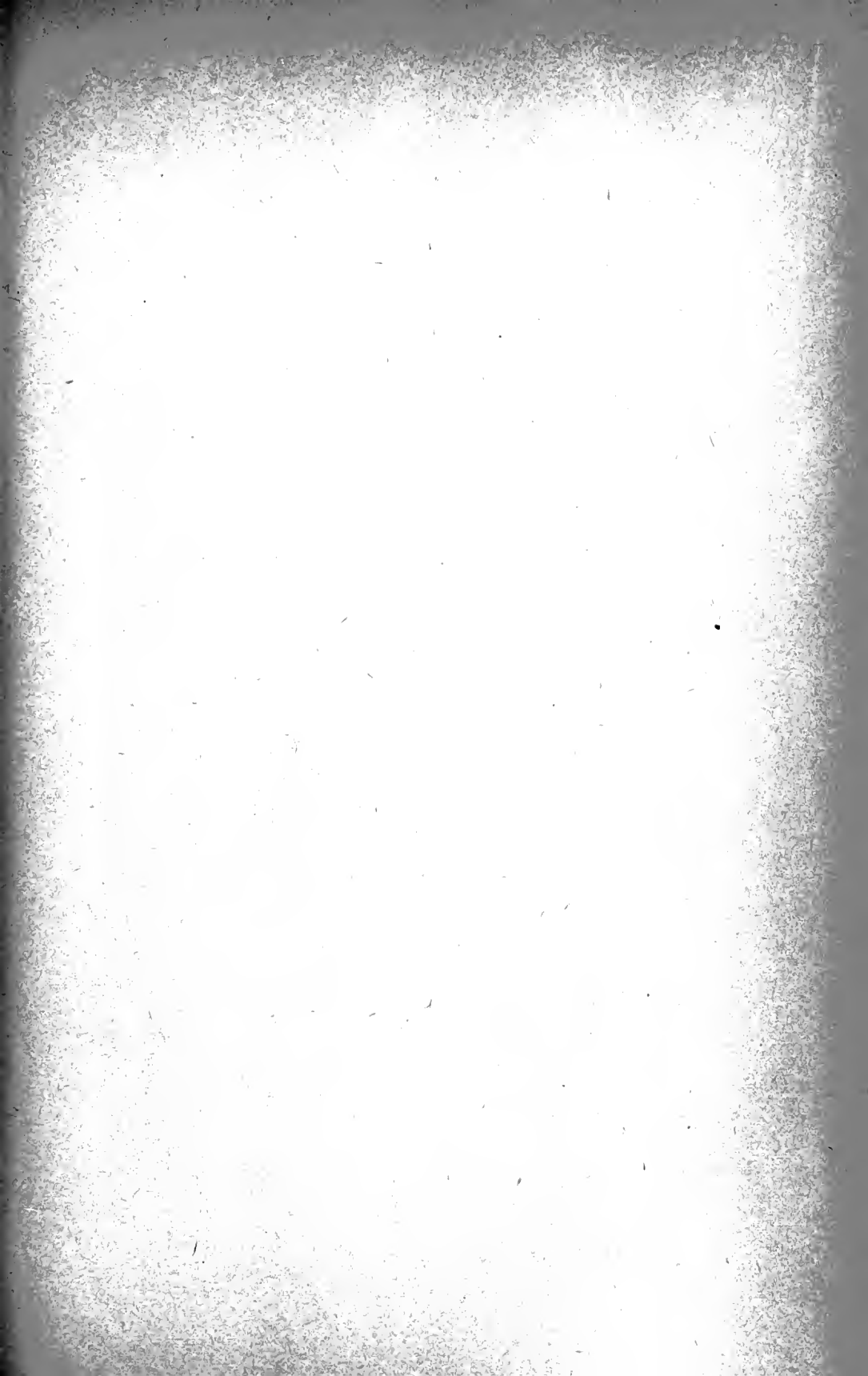
appointment of trained personnel commensurate with the task which lies ahead.

The Section approved continuing the Eight Point Agreement as a permanent statement of policy and cooperation. The May Act was also approved as an Act which should be put on a permanent postwar status with such revision or adaptation as may be necessary to meet peacetime conditions.

Members of the Section were asked to submit for the guidance of the Continuing Committee of the Conference detailed suggestions and statements regarding moral aspects of the program centering about the importance of personal integrity, sound community environment for work and play and for wholesome family life. In this connection it may be pointed out that the views of this Section are in accord with the excellent statement of the Epidemiology Section on the importance of strengthening our moral fibre; and upon clearly differentiating the respective fields of administrative action and responsibilities of the various official and voluntary agencies which must work together on these complicated problems.

The Section favored trained, experienced health educators in health departments and in schools, but there was a difference of opinion regarding whether the venereal diseases should be included as a minor unit under general health education, or should have for the present the status of a division or bureau with special educational appointees. Training in medical, nursing, social work, and other professional schools was also recommended.





Journal
of
Social Hygiene

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A Special Number on Industrial Cooperation

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OFFICE OF
THE ADMINISTRATOR

February 1, 1945

Dear Dr. Snow:

The demands of war have reenforced the fight against disease. Maintaining an efficient labor force continues to be an acute problem in war production; and illness is still the major factor in cutting down work productivity.

Where illness is avoidable, as in the case of the venereal diseases, prevention and control take on added importance as essential war measures. They demand all-out cooperation - to forestall the spread of infection in so far as possible, and to insure prompt discovery and adequate medical treatment if infection occurs.

The War Manpower Commission has a vital interest in the success of this attack. In the Federal Security Agency, the U.S. Public Health Service and the Social Protection Division have played a large part in mobilizing the Nation's resources to control the venereal diseases and conditions which contribute to their spread.

It is a special interest to me, therefore, to learn of the recently expanded endeavor of the American Social Hygiene Association to enlist industrial cooperation in the nation-wide campaign against syphilis and gonorrhea. Your report that this program is meeting with an encouraging response from both management and labor should bring satisfaction to all who are concerned with this problem.

I wish the Association all success in this renewed effort; and note with approval that it goes forward in active cooperation with the Public Health Service, the Social Protection Division, and other Federal and national voluntary organizations concerned with civilian health and welfare.

Sincerely yours,



Administrator, Federal Security Agency
Chairman, War Manpower Commission

Dr. William F. Snow
Chairman of the Executive Committee,
American Social Hygiene Association,
1790 Broadway,
New York, New York

A LETTER FROM WAR MANPOWER
COMMISSION CHAIRMAN
PAUL V. McNUTT



WHY A BLOOD TEST?

Men and women in most States must have blood tests for syphilis before they can receive a marriage license. Most States require physicians to test the blood of expectant mothers. Every person examined for the armed services is given a blood test. What value do these blood tests have?

The story is told in the following pages.

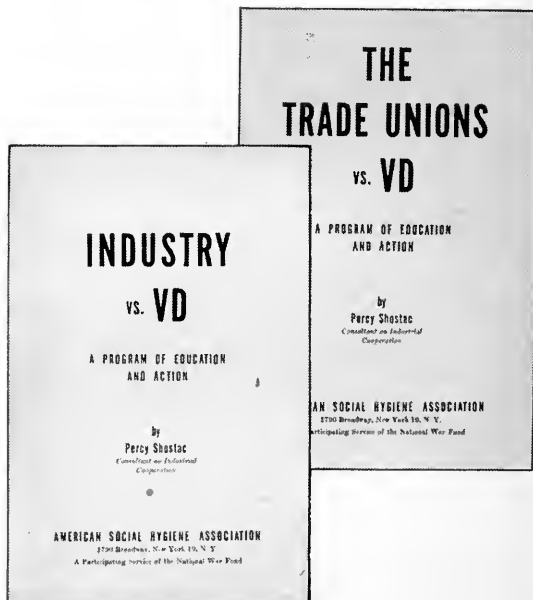


A LEAFLET FOR PUBLIC EDUCATION

This new leaflet, printed in two colors, has been widely distributed. It was prepared to stimulate interest in blood-testing campaigns.

MANUALS FOR A PROGRAM OF EDUCATION AND ACTION

These two new manuals were prepared by Percy Shostac, ASHA Consultant on Industrial Cooperation, and are much in demand. **Industry vs. VD** is addressed to firm heads, plant physicians, nurses and personnel directors. **The Trade Unions vs. VD** is addressed to trade union leaders. Sample pamphlets and folders are included in a back pocket of the manuals.





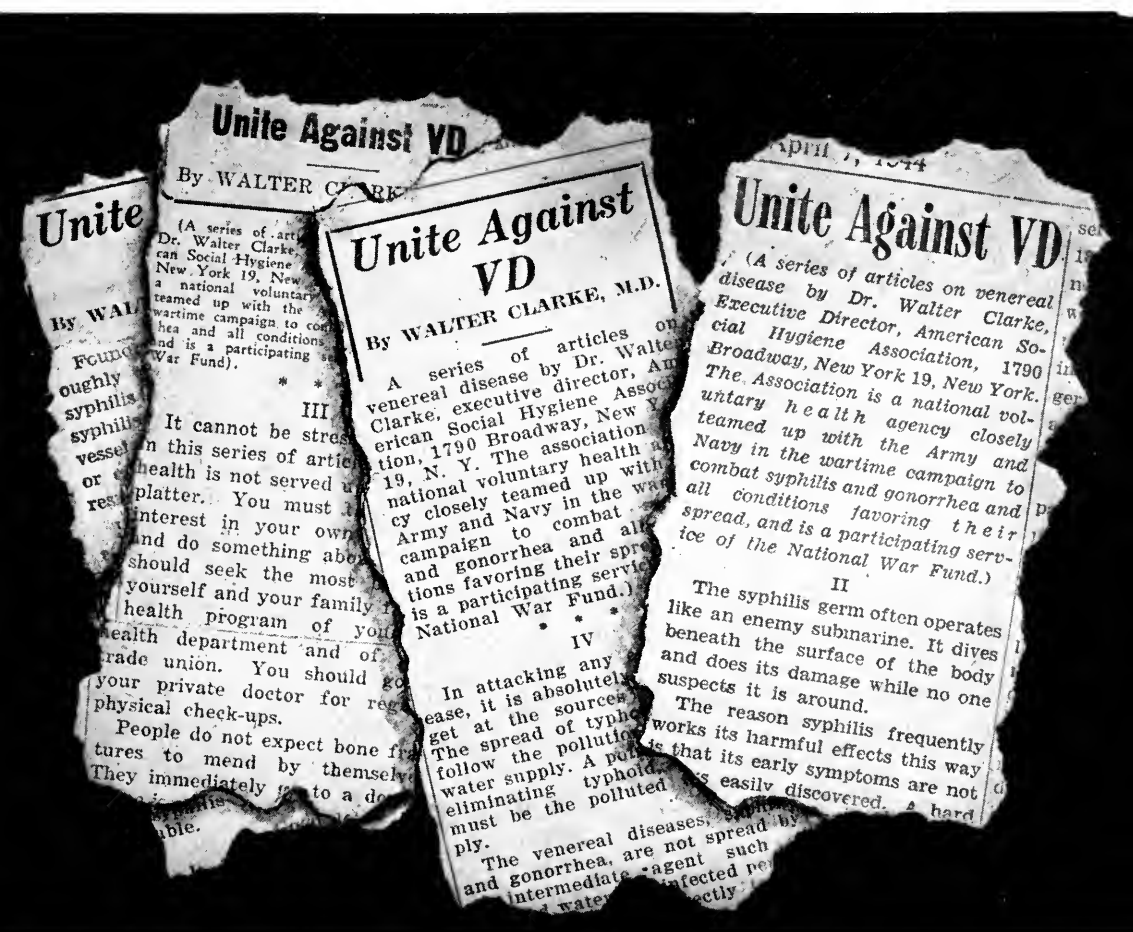
CARTOON POSTERS

Drawings by well-known cartoonist, C. D. Batchelor, are featured on posters 8½ x 11 inches and 17 x 22 inches, distributed by the American Social Hygiene Association.



ARTICLES FROM UNION NEWSPAPERS

Two series of articles by Dr. Walter Clarke, ASHA Executive Director, were prepared especially for plant newspapers (Stamp Out VD) and union newspapers (Unite Against VD) respectively. Circulation of the 120 union and house organs which published these articles totaled several millions.





AT THE "INDUSTRY VS. VD" MEETING

Chairman and speakers at the session regarding venereal disease in industry held by the ASHA at the Hotel Pennsylvania, October 2, 1944. Left to right, standing—Mr. Bluestein, Dr. Weaver, Mr. Gillmor, and Dr. Heiser. Seated—Mr. Shostac.



SPERRY GYROSCOPE WORKERS GET HEALTH NEWS

Distribution of the tabloid newspaper, **Here's to Your Health**, prepared and published by the Fort Greene Industrial Health Committee and distributed among plants cooperating with the Committee. Poster in background is a part of the VD educational campaign.

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A Special Number on Industrial Cooperation

MOVING ALONG TOGETHER

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

Another milestone was set up last October on the road over which the American Social Hygiene Association has been advancing for many years in the march to enlist management and labor in the fight against the venereal diseases and the conditions and factors contributing to their spread.

At a meeting held in conjunction with the American Public Health Association's annual meeting and wartime conference, a new nationwide program of social hygiene education and action through industrial channels was launched. Before an audience of management representatives, trade unionists, physicians and nurses from industry, and public health workers, new educational materials were introduced and suggested new organizational procedures discussed to make most effective use of these channels. The recurrent theme, sounded throughout the evening, was the importance of management-labor cooperation in this fight.

Speaking on this theme at that time, Mr. R. E. Gillmor, President of Sperry Gyroscope Company, pointed out that industries are in an especially favorable position to achieve outstanding results in health protection because "they are the only social groups combining a situation where the dissemination of information can be direct, where the participation of the group itself can be enlisted and where medical services for diagnosis and proper advice can be given."

The widespread interest in the new *Industry vs. VD* campaign was reflected by the *New York Times* on October 4th which editorially

commended the program and called for its support. Because of this interest and the many inquiries since received a large part of this issue of the JOURNAL is devoted to the text of the speeches and discussion at the October 2nd meeting. This record is valuable because it presents a picture of representative viewpoints of the groups most closely concerned with the problem in industry: management, labor, the industrial physician, the public and the voluntary health agency.

WORTHY OBJECTIVE

The aim of stamping out VD is a worthy objective for industry even though these diseases cannot be contracted on the job. Syphilis and gonorrhea attack people mostly in the period from eighteen to the late twenties—among their most valuable years. Therefore, educating these people—in the plants and through trade unions—to avoid infection, to recognize symptoms and to seek early and good medical treatment is advantageous to management and employee.

Untreated and inadequately treated venereal diseases, especially syphilis, take their heaviest toll of the individual's health, welfare and earning capacity in the late forties and fifties. It is during these years that the ravages of VD cause mental and physical breakdowns which result in more numerous compensation claims, long periods of illness and greater cost in taxes for institutional care—in a word, in increased costs for the employers, for the workers themselves and for their communities.

LANDMARKS EN ROUTE

The American Social Hygiene Association, from the earliest days of its existence, has recognized the value and effectiveness of working through industrial channels. During World War I, Association workers helped to plan and put into motion the first pioneer efforts towards VD control in industry, through the public information program of the Association and the War and Navy Department Commissions on Training Camp Activities. This program, directed by William H. Zinsser, a New York manufacturer and a "dollar-a-year" man, enrolled the wartime cooperation of more than 50,000 industrial leaders and employers in an educational drive which reached to every corner of the country and utilized the full range of materials and methods then known, including shop-talks, motion pictures, posters and placards, pamphlets, pay-roll envelope stuffers and house-organ articles.

Following the War, the Association's Division of Public Information for several years continued to press forward vigorously with this program, in a joint project with the Venereal Disease Division of the U. S. Public Health Service. With Walter W. R. May of Portland, Oregon, as liaison officer, contacts with the industrialists and employees were maintained and their cooperation extended to the point which, by the end of 1920, showed industry bearing much of the cost of educational materials and other features of the program.

Reduction of Federal funds for VD control and pressure of other important aspects of the Association's program curtailed this pioneer work during subsequent years, but from it grew a new understanding among industrial leaders of the threat of VD infections to worker efficiency and of the value of efforts to improve worker health. Many of the original group continue to carry on special educational work stemming from the educational endeavor then initiated, others have merged such activities in general health programs, and the whole effort today gives background and setting for the present program.

During the following years, although other demands upon the Association's limited budget and staff were many and heavy, the industrial program was given attention wherever possible. Prominent industrialists and labor leaders, including John D. Rockefeller, jr., and Samuel Gompers, encouraged and supported the original ASHA efforts on a national basis. Important national organizations, such as the National Safety Council, which in 1931 published in its *National Safety News* a trail-breaking article by Ray H. Everett, *An Overlooked Health Menace*, lent their interest and aid. This article, which was prepared by Mr. Everett with the cooperation of an advisory committee consisting of Dr. Haven Emerson, Dr. Michael Davis, Dr. Wilson G. Smillie and Dr. William F. Snow, emphasized to a new extent the loss to industry through VD, and recommended a 7-point program of employee education, and recreation, industrial cooperation in repression of prostitution in the community, and medical care, including health examinations with blood tests for syphilis. Industry was urged to learn the extent of the problem of financial loss through VD by having "a blood test made on every accident case and in cases of prolonged illness, to learn if syphilis is a complicating factor." On the other hand, the employer was urged to "bear in mind that syphilis and gonorrhea are diseases—not crimes." * Distribution of this article through the sizable circulation of the *National Safety News* and a generous supply of reprints widely extended the influence of these recommendations and brought many requests for Association advice and aid.

Other national, and international, projects initiated by the Association had far-reaching results. One such was the program developed by a joint committee representing management and unions in the maritime industry, which met regularly at ASHA headquarters over a two-year period (1934-36) to work out methods for protecting seamen from VD infection and for providing medical services on shipboard and in domestic and foreign ports. The recommendations of this committee adopted at that time became standard practice and are in force today.

In cooperation with Federal and state official agencies and voluntary organizations, Dr. Snow and Dr. Walter Clarke have guided the development of further pioneer work which has resulted in many

* That these medical and ethical procedures are generally observed in industry nowadays is one evidence of progress.

plants in the establishment of improved medical service for employees and in increased industrial cooperation to improve community conditions. Plant surveys and advice on educational and medical programs have regularly been one of the Association's much-in-demand services. Regularly the situation has been summed up, looking forwards and back, and the course charted as needs and possibilities directed. Many plants of many types have willingly offered themselves as laboratory proving-grounds for both tested and experimental programs. ASHA representatives have worked out on-the-spot programs among coal-miners, for steel-mills, for garment manufacturers, and all the range of industry. Workers such as the late Dr. Thomas A. Storey have given special attention in the course of general field trips to enlisting industrial interest and action.

The Association's Publications Service has prepared, produced and distributed many varieties of materials especially aimed at industrial needs. Of special value has been the series of articles, written in 1937 by Dr. Max J. Exner at the request of the Brotherhood of Locomotive Firemen and Enginemen, based on a four-month lecture tour among lodges of this Brotherhood and published by the union for wide distribution among its members. Revised and reprinted as a booklet, *What You Should Know about Syphilis and Gonorrhea*, this publication, now in its ninth printing, is one of the Association's most widely used pamphlets. Another was *Hidden Costs in Industry*, a popular pamphlet for employers. A graphic exhibit of the same title found wide favor for a number of years at National and State Safety Council meetings and other similar events. A number of educational experiments were conducted with newspaper cartoons and pay-roll envelope stuffers, one of which *Jerry Learns a Lesson*, developed in both these media and also as a leaflet, as a warning against unscrupulous and illegal medical practitioners, has been in great demand. At the request of industrial physicians and others engaged in employee health and welfare efforts, a special film, *Plain Facts about Syphilis and Gonorrhea*, was produced to be shown in conjunction with the Association's other films, *With These Weapons—the Story of Syphilis* and *Health Is a Victory—the Story of the Fight Against Gonorrhea*. With an eye to industrial interest, the scene of this latter film was laid in an industrial plant. The newest ASHA film, addressed to women, has war-industrial workers for its chief characters.*

ACCENT ON TEAMWORK

Carrying forward these efforts, the Association's present approach and plan of action were developed. The new feature distinguishing these present efforts is perhaps the emphasis on management-labor teamwork. All new materials and proposed programs urge the formation of in-plant committees to bring together key employees, plant physicians, nurses, personnel directors and heads of firms to sponsor and carry on VD education and control activities.

* For a list of materials and publications especially suitable for use among industrial workers, please see page —.

In the five months since the October meeting, this program has become widely known and plans are being made and in some cases are under way to put its proposals into operation in a series of areas. A partial report of such developments has been carried regularly in the JOURNAL, under the heading *Notes on Industrial Cooperation*. Recently, the role of labor and management in the campaign against VD served as a topic at numerous meetings in observance of 1945's National Social Hygiene Day.

The two manuals *Industry vs. VD* and *The Trade Unions vs. VD*, outlining programs of education and action to be initiated by firms or by local unions and introduced at the October meeting, have gone into their second editions. Field trips made during this five months' period seem to substantiate the belief that the approach to industry and the organizational steps presented in the manuals are sound and practical. It is perhaps too early to make definitely optimistic predictions, but the outlook for putting the program over appears to be favorable.

THE ROAD AHEAD

The nation's industrial population, numbering some thirty million at present, is more than ever before a vital force in American life. This group always has been a factor in civic affairs. Today, when management-labor cooperation is wide-spread and growing, it becomes a potent influence for the improvement of community health and welfare.

Indications are that this wholesome spirit of united action, strengthened now for the realization of wartime objectives, will be carried forward into the post-war period. If the United States is to stand forth among the nations of the world as a tower of economic and social strength in time of peace, industry's contributions to the health and wellbeing of the working people and the community in which they live must not be lessened; rather they must be increased. Groundwork being laid for VD education and control in industry is an important base for continued progress in this field—now and when large-scale demobilization begins.

Labor's Stake in VD Control

"... A nation's strength depends on men and women on farms, in offices, in factories. Today that chain of workers must be strengthened. One way of doing this is to improve our health. Health gives hope, energy, endurance. It is that extra something that makes a world of difference to the individual and the nation. . . . Labor needs its health. It needs to be strong in mind and will in the years to come, to conserve and extend democracy. Let us join in one united effort to this end. . . ."

*from a statement of the Social Protection
Division, Federal Security Agency*

The New York Times

TUESDAY, OCTOBER 3, 1944

WEDNESDAY, OCTOBER 4, 1944

DRIVE ON TO CURB VENEREAL DISEASE

Nation-Wide Effort to Enlist
Aid of Industry and Labor
Started at Meeting Here

FULL COOPERATION ASKED

Social Hygiene Association's
Session Is Held on Eve of
Public Health Gathering

A nation-wide effort to enlist the aid of industry and labor in the control of venereal diseases was started last night at the "Industry vs. VD" meeting of the American Social Hygiene Association at the Hotel Pennsylvania. The meeting was held in connection with the second wartime public health conference and the seventy-third annual business meeting of the American Public Health Association, which opens today.

Broad details of the program of education and action to advance the wartime gains against syphilis and gonorrhea in preparation for the post-war period, it was revealed at the meeting, were submitted in advance of the session to 10,000 of the nation's leading industrialists, trade union leaders, industrial physicians and nurses, personnel directors and health officers. "The widespread requests for complete information about the program," the association disclosed, "indicate nation-wide cooperation in the plan for employment management efforts against VD" (venereal disease).

Dr. Victor G. Heiser, consultant, committee on industrial health, National Association of Manufacturers, presided. The speakers were R. E. Gilmore, president, Sperry Gyroscopic Company, Inc.; Dr. W. L. Weaver, medical director at Pont Rayon plant, Richmond, Va.; Abraham Bugas, executive director, Labor League for Human Rights; American Federation of Labor; and Percy Shostac, consultant on industrial cooperation, American Social Hygiene Association.

Assaults Hush-Hush Policy

Mr. Gilmore pointed to estimates showing that one-third of 3,200,000 Americans infected with syphilis are employed in the nation's industries and called for an end to the hush-hush attitudes that in the past have prevented public discussion and action "to prevent the spread of diseases which wreck lives and produce untold suffering."

Industries, Mr. Gilmore pointed out, can achieve outstanding results in health protection because "they are the only social groups where the dissemination of information can be direct, where the participation of the group itself can be enlisted and where medical services for diagnosis and proper advice can be given." The key to success, he added, is joint employment-management cooperation.

Mr. Bluestein reported that a series of articles on venereal diseases prepared by Dr. Walter Clarke, executive director of the association, have already appeared in seventy labor newspapers with a total circulation of 3,000,000. He also cited blood-testing programs on the Pacific Coast and in Chattanooga, Tenn., where, at the request of the unions, 90 per cent of the workers in one plant have taken blood tests. Other organized plants, he added, are expected to follow suit.

Dr. Weaver reported that over a ten-year period, from 1933 to 1944, a program of venereal disease control in the du Pont rayon plant, Richmond, Va., reduced the rate of infection from 64 a 1,000, or 6.4 per cent, to less than 5 a 1,000, or about one-half of 1 per cent. Educational programs on the prevention, cause and treatment of venereal diseases, plus attention to and follow-up of individual cases, he said, effect a reduction of syphilis rates among working people.

Special Manuals Introduced

Mr. Shostac introduced special manuals for industry and the trade unions containing a three-point program against venereal disease, in which stress is placed on the value of shop health and safety committees in enlisting support and participation of the employees. He added that as a follow-up of the series of articles for labor papers, Dr. Clarke has prepared a series for employee house magazines that is expected to appear in at least 100 publications.

The association has been granted exhibit space at the national conventions of the American Federation of Labor and the Congress of Industrial Organizations, which take place next month.

Dr. Heiser declared that while "in the big industries of America you usually find pretty good health service, in plants employing 500 or less there is little or no health protection whatsoever." The record shows, he said, that, aside from humanitarian consideration, health service effects substantial reduction in occupational disease, absenteeism and compensation costs.

"People don't acquire syphilis or gonorrhea on the job," Dr. Heiser continued. Syphilis workers who are under treatment can in most cases remain at work with safety to themselves and others. Local, State and national voluntary and public health officers are in a position to offer programs for venereal disease control in industry today, and their advice should be sought,

Editorial

INDUSTRY AND VD

The part that industry is playing in combating the venereal diseases was the subject of a recent discussion at a meeting of the American Social Hygiene Association. It is good to record that the larger manufacturing companies and some labor unions are doing their best to combat a notion still prevalent that nice people don't talk about syphilis and gonorrhea, that nice people don't have venereal diseases, and that nice people should do nothing about preventing them. That workers are awakening to the meaning of VD is apparent from the requests that pour in for complete information. The ice of reticence is breaking—an agreeable contrast to the time when the Regents of the State of New York forbade the American Social Hygiene Association to show the film "Damaged Lives" because it mimed no words in driving home the appalling toll that syphilis takes. That was a time, too, when a Secretary of the Treasury decided that "it is not in keeping with the dignity of the fiscal department of the Government" to issue an educational bulletin addressed to the syphilitics cared for by the United States Public Health Service.

The educational efforts of industry and of the American Social Hygiene Association should be supported. They are supported we may equal at least the record of Great Britain. There the emphasis is on education and free treatment, with the result that the syphilis rate has been cut in half since 1920 and before the war stood at 0.52 per thousand. Only about 35 per cent of the syphilitics in this country are treated in public clinics, though the rate of admissions is far in excess of that in Britain.

That VD can be eradicated there is no doubt. It remains to be seen whether education and free treatment are enough. Great Britain has not been able to match the record of Sweden, which, with a population equal to that of New York State, excluding New York City, brought the syphilis rate down to only 7 per 100,000 by 1934. The Scandinavian countries stand apart because every case of VD is reported, its source discovered and treated, and enough money, drugs and doctors are available to reach all the afflicted. Since we are a union of forty-eight sovereign States, it is improbable that we shall ever attain the Swedish millennium. . . . The chief obstacle has been our unwillingness to face the facts, and that obstacle, as the work of the American Social Hygiene Association demonstrates, can be overcome.

PRESS COOPERATION IN THE "INDUSTRY VS. VD" PROGRAM

INDUSTRY VS. VENEREAL DISEASE

A PROGRAM OF EDUCATION AND ACTION OFFERED IN CONNECTION
WITH THE SEVENTY-THIRD ANNUAL MEETING OF THE
AMERICAN PUBLIC HEALTH ASSOCIATION, NEW
YORK, OCTOBER 2, 1944

Several hundred physicians, health officers, nurses and other professional workers met with representatives of labor and industry and social hygiene leaders on October 2 last in New York City, when the American Social Hygiene Association's new program in industry was inaugurated at a notable meeting. The program, with DR. VICTOR G. HEISER, Consultant, Committee on Industrial Health, National Association of Manufacturers, presiding, included as speakers:

MR. R. E. GILLMOR, President, Sperry Gyroscope Company, Inc., Brooklyn
DR. W. L. WEAVER, Medical Director, Du Pont Rayon Plant, Richmond, Virginia
MR. ABRAHAM BLUESTEIN, Executive Director, Labor League for Human Rights, American Federation of Labor
MR. PERCY SHOSTAC, Consultant on Industrial Cooperation, American Social Hygiene Association

Following the programmed addresses, MR. PHILIP R. MATHER, of Boston, Chairman of the Association's Committee on War Activities, served as chairman of an informal discussion which provided a fitting climax to an interesting and valuable occasion.

The JOURNAL presents the record of this meeting here, in the belief that it may be useful to our readers not only as evidence of progress in industry's cooperation in the fight against VD, but as an illustration of a "balanced ration" in program organization concerning this important aspect of social hygiene activity.

REMARKS BY THE CHAIRMAN

DR. HEISER: This evening we are to discuss two diseases that have handicapped the progress of man since the dawn of history—syphilis and gonorrhea. These are the diseases which fill our hospitals for the insane with tens of thousands,—which make cripples of other thousands, blight homes, cause innocent children to become miserable physical specimens, and produce life-long maladies which in the aggregate are really more damaging than the effects of war. And I do not except the present global holocaust which we are now witnessing.

Yet science has the means by which these diseases can be wiped from the earth.

Industry has a part to play in helping to bring the venereal diseases under control, and tonight's speakers will discuss this role. Industry, of course, is primarily concerned with making goods. It's the responsibility of government to control dangerous communicable diseases, but industry, and organizations such as the American Social Hygiene Association can be of aid in helping government to meet its obligations.

It is profitable for industry to install health programs. A survey made by the National Association of Manufacturers showed that in industries employing five hundred or more people, a good medical service can add to profits as much as five thousand dollars a year. Other surveys show that where there is a good medical service, there can be expected about a 62 per cent reduction in occupational diseases, a 42 per cent reduction in absenteeism, a 29 per cent reduction in spoilage, and a 27 per cent reduction in compensation costs.

The control of venereal disease is a part of any good medical service in industry. The United States Public Health Service reports that the difficulty of controlling venereal disease is a major calamity. By that the Service means that venereal diseases are the most important of all the infectious diseases. That statement is based on fairly good evidence.

Among the first two million candidates for Selective Service in the present war, about 86 thousand cases of syphilis were found, or a rate of 4.5 per cent. This, of course, was a group of men between the ages of 21 and 35 years, but, after allowing for differences in age and sex in the general population, this rate means that among our one hundred and thirty million plus people in this country about three million two hundred thousand probably have syphilis. If a third of these 3,200,000 are workers in industry, it may mean that among them alone, there are probably something like a million cases of syphilis. And if gonorrhea is three times as prevalent as syphilis, as has been estimated, you can see how the total adds up.

Here is a great objective towards which to strive—the relief of industry's workers from the burden of ill-health, loss of money, and the general misery caused by these diseases. Both workers and employers have a stake in this effort. Venereal diseases are not acquired in the plant, but the plant, through educational measures and medical service, can be an important help in bringing the venereal diseases under control. By doing that, industry will help itself. Work interruptions will be less. Absenteeism will be reduced. A lot of people will stay on the pay roll who might otherwise become jobless.

If our nation is to succeed and progress when the war is over, we must free ourselves from as many handicaps as possible. One great handicap, which is going to be of as much importance after the war as it is now during the war, is the handicap of venereal diseases. So, if we want to hold our place in industrial competition,

one thing we must do is to beat this handicap and bring venereal diseases under control.

Our first speaker this evening is a man who has taken a most commendable interest in furthering health in industry. He has been kind enough to head a committee in Brooklyn—the Fort Greene-Bedford Health Committee, through which health programs for small industries in that area are being encouraged, and which has been getting some very interesting and fine results. He is also chairman of the Committee on Good Health in Working Conditions of the National Manufacturers Association. He has had a varied experience which gives him a broad view of these problems. Brought up in the Navy and graduated from Annapolis, he served his country for five years as a naval officer. Then he became associated with the Sperry Gyroscope Company, and for some years was interested in and instrumental in having those compasses adopted by the European navies as well as our own.

It gives me pleasure to present Mr. R. E. GILLMOR, president of the Sperry Gyroscope Company.

MR. GILLMOR:

I appreciate the opportunity of speaking on this subject to a group which, I know, has done so much to advance public health—which means the health of all of us.

Wherever and whenever intelligent programs for the control of venereal diseases have been established they have been successful, have saved thousands of lives and have avoided incalculable suffering. The American Social Hygiene Association has been markedly successful wherever its program has been supported. The Army and Navy have reduced the incidence of VD in this war to less than one-third that of the last war. Prior to 1939 the Scandinavian countries had practically eliminated syphilis.

Notwithstanding these and many other demonstrations of the feasibility of control, we Americans as a whole continue to close our eyes to this horrible menace—a menace far worse in many respects than that of any other communicable diseases.

Why is it that we are so unwilling to tackle the problem realistically? Why is it that to gain public acceptance health workers have been obliged to use such euphemistic terms as “social hygiene?” Why is it we, the public, have been unwilling to use the words “gonorrhea” and “syphilis?” These words are not ugly in themselves; only the diseases are ugly. Why has public opinion opposed the courageous and intelligent campaign of public education recently prepared by the Office of War Information in cooperation with the War Advertising Council and endorsed by Dr. Thomas Parran, Surgeon General of the United States Public Health Service?

It is important to society in general and to industry in particular to get the answers to these questions. Perhaps it will be necessary

to enlist the aid of psychologists, political leaders, religious leaders and others who understand the motivations and mental attitudes of human beings.

Some years ago an explorer friend told me of visiting a large tribe of people in a remote and isolated part of the Pacific. These people regarded eating as a very indecent and disgusting habit to be performed only in the strictest privacy. To look upon the king of this tribe while he was eating was completely forbidden and summarily punished by death. Perhaps their views were a little extreme, but when you come to think of it, eating in public is a rather messy and noisy operation—sometimes hard on the clothes and still harder on the digestion, especially if you have to make a speech afterward. But a taboo of this type is certainly more logical than to regard as indecent a campaign to prevent disease of any sort, and we do not so regard campaigns for the control of any diseases other than syphilis and gonorrhea. It is the disease which is indecent; the campaign is logical, and altruistic, and can only result in social good.

Notwithstanding the taboos and inhibitions surrounding this important subject, it is possible to conduct campaigns of information on venereal disease in socially acceptable terms. The feasibility of this is well demonstrated by national advertising campaigns for various types of hygienic accessories for women. Not a single unacceptable word is used but the purpose and manner of using the accessory are described in detail. Some of the information on venereal disease is in equally acceptable terms, but it would appear that more could be done in this direction.

Feasibility of VD control has been amply demonstrated. The reported rates on syphilis are inaccurate because deaths from this cause are often attributed to other diseases. However, the reported deaths from syphilis in 1900 were about 12 per 100,000 population, and in 1940 were 14.4. The 1940 figure may be partially the result of better reporting but it is bad enough without comparing it with 1900. Contrast this with the control of tuberculosis that has been obtained in the same period. In 1900 the reported deaths per 100,000 from this cause were 194; in 1940 they were 45.9. Contrast the situation also with that in the Scandinavian countries, where syphilis became before 1940 almost a rare disease. We have no record of the deaths by this cause in these countries but in 1933 the total of all cases reported was less than 1,600 in a population of 13,700,000. We reported at the rate of 50,000 for the same population, or nearly 500,000 for our total population in 1940.

A report of the Surgeon General of the Army in 1940 includes a graphic record of admissions of military personnel to sick report because of venereal disease since 1819. This shows an average figure around 80 per thousand per annum through the years prior to the Mexican War; then a sharp jump to 160; a recession following the war; a precipitous jump during and following the Civil War to an all-time high in the United States of over 200; a gradual reces-

sion again to about 80, a rapid rise during and following the Spanish-American War to 160, remaining as high as 140 until a sharp drop in 1912 following the institution of compulsory prophylaxis; a moderate figure of 100 during the first World War; and in 1942 and 1943 an incidence of 30 per thousand per annum. This is still serious, but it is by far the lowest figure on record during a great war and demonstrates the feasibility of control under very difficult conditions.

In Massachusetts and Upper New York, where the American Social Hygiene Association has been cooperating with the New York State Department of Health, the results have been very satisfactory. In Massachusetts, for example, cases of syphilis in pregnant women decreased 70 per cent in a period of eighteen years. In Upstate New York there has been a decrease in all reported cases of syphilis of 21 per cent. The death rate of children under one year of age by reason of syphilis has decreased from 70 per 100,000 in 1937 to 30 per 100,000 in 1942. Probably the most encouraging of all developments is that in New York State and in many other states we now have laws requiring blood tests before marriage, and during pregnancy.

We are all responsible for extending such improvements throughout the country. The responsibility of industry is particularly clear. All progressive industries realize that the health of their communities is inextricably related to the efficiency and progress of their industries. Surveys of typical industries by the National Association of Manufacturers have shown that intelligent industrial health programs have resulted in savings equal to twice the cost of the programs by reason of reduction in absences and compensation cases alone. In the general improvement of community health many industries are doing a very creditable job but, when it comes to the control of venereal disease, I doubt if one employee in one thousand even knows the symptoms of syphilis or the consequences of ignoring these symptoms. Until we have disseminated information of this elementary character we haven't even made a beginning.

Industry's responsibility in connection with the control of venereal disease is an important part of its total responsibility for the health of its employees. The mining, construction, manufacturing, transportation and communication industries employ between 18,000,000 and 20,000,000 men and women. It has been estimated that at least 1,000,000 of them may have a venereal disease.

Industry's responsibility for health programs is increased by reason of the fact that industry furnishes a social group where the dissemination of information can be direct, where the participation of the group itself can be enlisted and where medical services for diagnosis and proper advice can be given. It is understandable that the employees of industry might be antagonistic and even suspicious of the best of health programs if sponsored only by management. The most effective method is through organized cooperation of labor and management. This is not only essential to the success

of any health program, but, like all cooperation between labor and management, has a very desirable by-product in the improved understanding which inevitably results from working together to accomplish a mutually desirable objective.

The progress which results from the cooperation of labor and management on health programs has been well demonstrated in a short time by the Fort Greene Industrial Health Committee, of which I have the honor to be Chairman. Labor and management in more than 50 companies, employing 65,000 people, are financing and participating in the activities and services of this Committee. The educational program includes pamphlets, moving pictures, posters and an illustrated tabloid-size newspaper called *Here's to Your Health*.^{*} It has been operating since March, 1944, and the results have been very encouraging. The educational program which we began has led to an increased demand among employees for health services, which is being met as rapidly as possible.

Now, what practical measures can society take to control the vicious venereal diseases? First of all we must adopt the same objective attitude toward these diseases that we have adopted toward other communicable diseases. Medical science has provided society with all the necessary facts as to the cause, the prevention and the cure; it is the responsibility of society to accept these facts and allow or require social agencies to apply them.

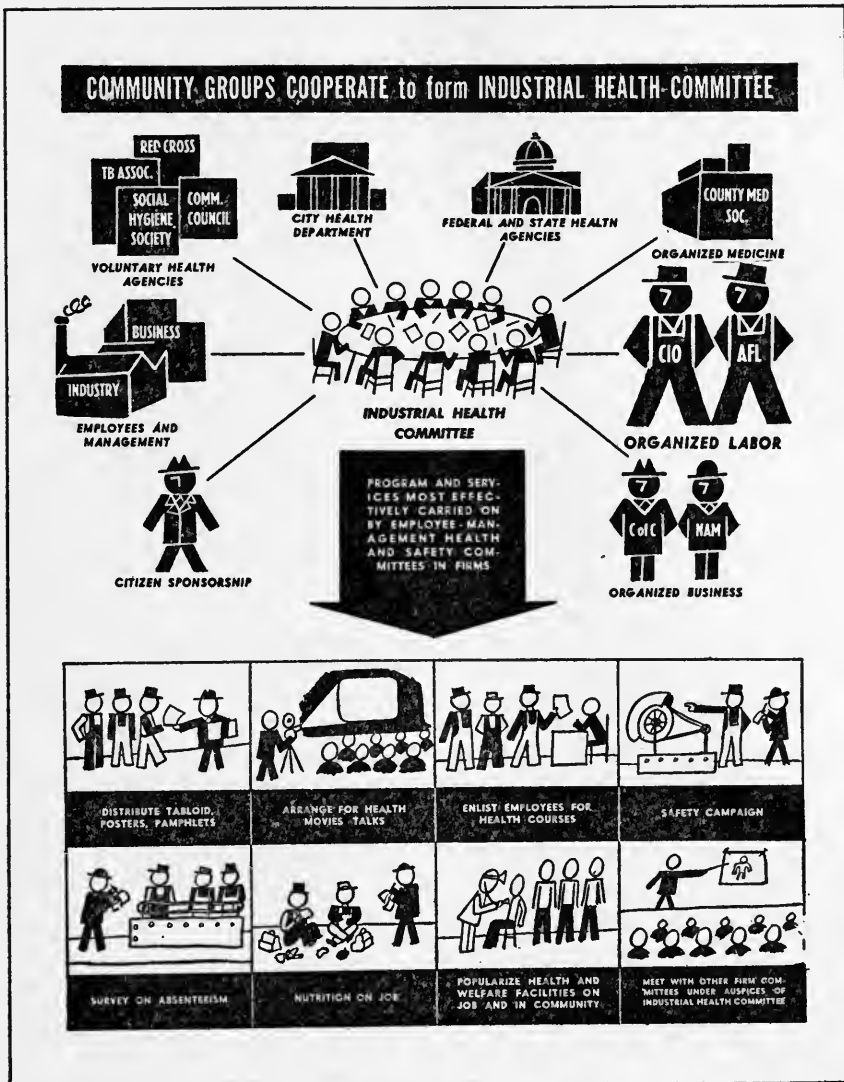
There is nothing very complicated or difficult about the program which industry should undertake for the control of venereal diseases. The first step is to make information available as to the symptoms and consequences of these diseases, and to make it clear that except in their disabling or contagious stages, they are not a bar to employment. Posters are ineffective and sometimes unacceptable. The most acceptable and most effective means for the dissemination of information is a simple leaflet based upon the theme that the more you know, the better you will be able to protect yourself, your children and your associates. The next step is to make available free of charge Wassermann tests and other means of diagnosis and eventually to apply these diagnostic measures to all new applicants for jobs and to all present employees. In New York State and New York City, the Health Department will cooperate with industry even to the extent of providing Wassermann reports without cost to the industry. A third step is to provide advice as to where the most adequate treatment can be obtained.

Above all, the most important thing is for industrial leaders, labor leaders and all the rest of us who have social responsibilities, to realize that there is no indecency in words and that the greatest of all indecencies is to fail in doing everything in our power to prevent the spread of diseases which wreck lives and produce untold suffering.

(Applause)

^{*} See frontispiece photograph, page 4.

TEAMED UP FOR GOOD HEALTH



A PATTERN FOR COMMUNITY INDUSTRIAL COMMITTEES

This chart shows the labor, management and community set-up of the Fort Greene Industrial Health Committee of Brooklyn, New York, which serves 65,000 industrial workers. The chart has been widely used through the Association's manuals, *Industry vs. VD* and *The Trade Unions vs. VD*, also by plant and union newspapers through *Health Graphics*, a service of the American Social Hygiene Association supplying illustrations for health education in the form of newspaper mats.

DR. HEISER:

Thank you, Mr. Gillmor. You can understand how heartening it is to those of us who have been struggling with this problem for the last thirty or forty years to find such powerful aid coming from management, and also from labor, to help put this program across.

Mr. Gillmor's mentioning the King of the South Seas who regarded it as indecent to be seen eating, reminds me of some of my own experiences down there, that have a direct bearing upon what we are discussing this evening. You know, there are many islands in the South Seas where there is no syphilis, and there are a great many more where once there was none, and no gonorrhea. When Captain Cook went down there, and his sailors introduced those diseases, those unfortunate people struggled for a hundred years or more trying to get rid of them. This is a case where I'm very much afraid that our responsibility for the control of venereal disease, as Americans, will not stop at our borders. Our soldiers and sailors and others, have gone to the South Seas, and I fear, in spite of our good venereal record, they may have again infected those people down there. And, if that's the case—I don't know that it is, but, *if* it is—it's our responsibility to see that those unfortunate people are relieved from these venereal diseases.

Now, our next speaker is a man who's had success in industry, and in putting across the venereal disease program. It is my pleasure to introduce DR. W. L. WEAVER, who is with the DuPont Company's plant in Richmond, Virginia, where he has carried out educational measures that have been particularly successful.

DR. WEAVER:

Educational programs on the prevention, cause and treatment of venereal diseases, plus attention to and follow up of individual cases, effect a reduction of syphilis rates among working people. This statement is based on results achieved through the VD control program of the DuPont rayon plant in Richmond, Virginia. Specifically, over a ten-year period, from 1933 to 1944, a program of VD control in this plant reduced the rate of infection from 64 per thousand, to less than 5 per thousand.

Included among those employed at the plant are male and female workers, whites and Negroes, young people and older people. A presentation of the results over a ten-year period, and the manner in which the program operates in Richmond, should prove the general value of such procedures, and recommends the adoption of VD procedures on a large scale in industrial and business establishments throughout the country.

In 1933, as part of a program of yearly examinations on employees, some 2,000 Wassermann blood tests were run. Of the two thousand examinations 6.4 per cent were found to have a positive Wassermann test. In 1941, a survey of all examinations for the year,

amounting to approximately four thousand, showed a percentage of .22, approximately one-fourth of one per cent. In 1944, a survey showed a percentage of .45 per cent, or approximately one-half of one per cent positive blood tests.

As a result of the 1933 survey, a very thorough control plan was instituted. On pre-employment examination, if we find an individual with a positive Wassermann, or with open, primary lesion due to syphilis, the applicant is temporarily rejected until after two or more treatments that he may not be infectious to his fellow-workers. After two or more treatments, most cases are rendered non-infectious, and the employee is permitted to go to work. Thereafter, controlled treatments have to be taken. If the new employee is found to be in the latent stage of syphilis, work is allowed, provided treatment is taken. Cases in the third or late stage of syphilis receive individual consideration as to whether or not they are acceptable for industrial employment, depending upon the type of work in which they are to be placed.

Each individual found with a positive blood test is called in for a personal interview. A thorough medical history is obtained, in order to find out the duration of the disease, if possible, the date of the primary lesion, the individual's contacts, and other details. If married and head of a family, he is strongly advised to have blood tests done on wife and children. And this is followed up by further interviews to make sure that it has been done.

A very careful explanation of the disease is made to the patient, in plain words other than medical terms. He is told how the disease originated, how it has spread, the expected results on the body, and the possible end results. The type and course of treatment necessary are entered into, stressing particularly the need for continuous treatment over a period of time. The patient is then advised to report to his family physician for this treatment, and told to bring us weekly statements from the doctor naming the drug and the amount of the drug. The patient's family physician is written a letter requesting the physician to give the man alternating series of arsenic and bismuth, until he has had a minimum of 70 such treatments. In these letters we request the physician not to allow the so-called rest period between series of arsenic and bismuth. And we inform the doctor that if the patient desires to stay in our employ it is necessary to follow this routine, unless it is contra-indicated for some medical reason which may develop during the course of treatment.

We have run into some difficulty with family physicians as to the efficacy of these continuous treatments over the common method of giving periods of rest between series. Our usual answer to objections raised is, "Well, doctor, I am not telling you how to treat your patient; I am simply stating that if your patient is to continue to be employed under my medical supervision as an industrial physician, he must have the continuous method of treatment in order to hold his job."

Having referred the case to the family physician, we set up the patient's name in a tickler file, and one individual or clerk is made responsible for maintaining this file, and for noting the drug and amount given weekly. And I'd like to emphasize that no one else knows about that case except the doctor involved, and the clerk. The foreman doesn't know, and the management doesn't know. That is a professional secret between the doctor and the patient, and the clerk.

If the patient misses treatment any one week, he is called in and an explanation requested. If it was for a medical reason, a statement from the physician is requested, and obtained. If for personal reasons, the case is again discussed, and the seriousness of missing, and the dangers of interrupted treatment stressed. In only one instance has it been necessary to dismiss an employee for failure to carry out routine treatment. And only one case has quit employment rather than carry out routine treatment. At the end of all treatments, spinal punctures are insisted upon. We have had five cases of central nervous system syphilis developed since 1933.

At the same time that individual control of cases was instituted, a widespread educational campaign for the prevention of venereal disease was begun. This was done through a series of twenty-minute talks given to each group of men in the plant, on company time, until all members of the organization had been covered. These talks were worded in simple and direct terms, again avoiding medical terms as much as possible. They dealt with the cause, course, and prevention and treatment of syphilis and gonorrhea. Prevention was stressed. We told each man how he could keep from getting syphilis. At the conclusion of the talk, the meeting was opened for discussion. And those talks drew out a tremendous amount of interest and enthusiasm. Furthermore, since in these groups were individuals who were on treatment, the talks served to instill further in these persons a desire to carry through their treatment to a successful conclusion. After all groups of men had been reached, we had a woman physician give a similar series of talks on so-called "feminine hygiene" to all the women in the plant.

We got a very few kick-backs from some of the women in the plant, who said that the talks were vulgar. But these were so very few that they really didn't amount to anything.

While these talks were going on, home-made posters were designed and displayed in locker rooms and rest rooms as a part of the educational program.

As a result of this program, over a ten-year period, we saw that we were able to reduce the incidence of syphilis from a percentage of 6.4 per cent, in 1933, to a percentage of .22 in 1942, and then down to a percentage of 0.45, as of our last check-up, or less than one-half of one per cent. We did this through a program of control of individual cases, and through a very active educational program. And we did it without rejecting from employment a single individual

with the disease. And while we did it we kept it on a confidential doctor-patient level, without management, of course, knowing what workers were infected. And we are convinced that by such means industry can help rid this nation of this dangerous infection.

During part of the time of this program we had a large construction job going on, with some three thousand Negroes employed. We found that in this group a rate of about three times as high as the whites existed. That was back in 1935 and 1936. Right now, our Negroes coming in for employment examination have a percentage that is equally low with that of the whites, or just slightly above. And I frankly believe that this tremendous drop in syphilis infection as shown by employment examinations is due to the venereal education program the government, the ASHA, and various civic and other bodies have put on.

Certainly something has occurred in this country within the last five or seven years which has tremendously reduced the percentage of syphilis in this country, at least among the people that I'm seeing.

(Applause)

DR. HEISER:

Thank you, Dr. Weaver.

Dr. Weaver has given us a practical example of what can be done in industry. Think what that would mean if it were multiplied throughout the whole of industrial America! At least a third of the cases would be taken care of adequately.

In my public health experience, it's been my privilege to see public health problems from various sides of the fence. I've been in the government service, where I saw it from that angle. Later I was with philanthropic organizations, and saw it from there. And now I'm seeing it from the standpoint of management. But through all this experience, one thing stands out plain to me. That is, that no venereal disease program is going to get very far unless it has the hearty support of labor. They are, after all, the ones who are most affected by it, and if they come in and help with the program, it's bound to be successful.

We have with us this evening, MR. ABRAHAM BLUESTEIN, who is going to tell us the part that the American Federation of Labor is having in venereal disease programs.

MR. BLUESTEIN:

I am entirely a layman in the field of venereal disease, or, rather, in the field of public or private health and welfare problems. However, I can say with assuredness that the labor movement has never ignored any problem of health or welfare not only as it pertains to its own members, but as it pertains to the general public, when that problem or program has been presented in a manner that labor can understand. And so, although I'm no scientist, and although very, very few scientists or medical men are in the ranks of the

labor movement, it is quite pertinent in the fight against VD, that labor should take an active part.

The medical men have the facts. They have been working out the procedures. The job now is one of educating great masses of people. And, although the working population of this country represent, as I understand it, approximately one-third of the population, the influence that reaches out from those who work, and from those who may be educated through the channels of labor, can affect far, far greater numbers of the population. And for that reason, it's important to know what has taken place, and to see what can possibly be done in the future.

I'm happy to report that in 1943, a year of heavy war obligations on all of us—a year that called for the voluntary and nonvoluntary injection of energies, devotions, sacrifices of time and effort of all sorts—in that year the labor movement found the time and the place to consider the fight against VD. At the annual convention of the American Federation of Labor, at Boston, in October, 1943, clear expression was given to the thought that all working people, trade union members—and in fact, all citizens of the United States—should submit to blood tests periodically, and should know the state of their health. And that message was carried back to the ranks of labor and their organizations in all parts of the country.

During the same year, the California State Federation of Labor adopted a resolution calling upon all of their affiliated unions to require a blood test of all new members of their organizations, and to urge upon all of their old members that they take such blood tests. And they pointed out their assurances to their members, new and old, that the findings were not to be divulged, either to the unions or to the employers; that these findings were something between the union member and his physician and the Department of Health.

These two, perhaps, are the first concrete actions by large, substantial bodies of labor. Following that, or perhaps paralleling it, we know a number of instances where the unions, while carrying on an educational campaign among their members, urged them and prepared them to submit to blood tests for VD. I can cite several at this time. One was the longshoremen of the CIO, in San Francisco, who were able to get out some 97 per cent of their members—a very high proportion—to submit to blood tests. And, in Chattanooga, Tennessee, another union called upon some 90 per cent of their four thousand members in one plant for similar blood tests. Other reports have come to the American Social Hygiene Association, and to the national headquarters of labor, pointing out the interest and the success of the efforts of the unions in stimulating understanding on the part of their memberships about the serious problems of the venereal diseases.

Starting this Spring, a series of seven articles, prepared by Dr. Walter Clarke, were published in seventy labor papers with a cir-

culatation of about three millions. Probably—I don't know that it's so—but I will hazard a guess no group of publications in this country has cooperated previously to that extent in the present period of paper shortage, and in the present period of so many other interests of the war which might be regarded as greater, abroad and at home. And yet, the space and the interest was found in some seventy publications, with a circulation of three millions, to publish seven articles on venereal disease and more space is promised for more articles when they are prepared and distributed to the labor papers.*

It has been demonstrated time and again, especially since the start of this war—whether it is the purchase of war bonds, support of the American Red Cross, support of community war chests, or the National War Fund, a campaign carried on by War Production Board, or whatever it may be—that the trade union channels are found to be extremely effective mobilizers of opinion, and of support from millions of people. And so, in this field too, if the channels of the labor movement are developed, and if the approach is for labor and management cooperation, I want strongly to support the observations made by Mr. Gillmor—if the cooperation of labor and management is secured, the greatest possible coverage and, undoubtedly, the greatest understanding and confidence can be assured. The participation of labor in the field of health and welfare, in the field of Community War Chest work and of the American Red Cross, has infused a new spirit of enthusiasm and brought countless numbers of new supporters to the work of those agencies in a manner they hadn't thought of before.

This has nothing to do with the venereal diseases, but serves as an example of what can be done. The Red Cross chapter in Los Angeles reported a deficit in their blood donor collections. And so, two trade unions, strategically located—the milk drivers and the street-car men—decided to have a contest and see who could reach more people and get more pledged donors for the blood bank. And some half million pledge cards have been distributed through those two channels alone.

Now, there are ways and means by which the VD control program can mobilize greater support and greater interest on the part of the trade unions. One very effective method of securing this would be to invite labor to representation on the Boards of Directors and the administrative and planning bodies of national and local voluntary agencies, as well as national, state and local public health departments. Then you would be assured of a continuing interest from labor. Labor would understand the problems they are faced with when new projects are suggested, and you would mobilize a strength, a power and an influence that is there to be mobilized when properly approached.

The organized labor movement today numbers some 14 million people: highly skilled, semi-skilled, poorly skilled, most of them with some social consciousness and community consciousness, or they wouldn't have joined a trade union. They are organized regard-

* See frontispiece for excerpts from these articles.

less of race, creed or color, and they are prepared to do jobs on a non-partisan basis, when those projects and proposals are submitted to them in a form that they can understand.

In closing, I want to make just one more observation. Industrialists have been recognizing for 50 years or more that profits do not necessarily start when they set up the first unit of the manufacturing establishment; and that there may be times when a heavy investment assures greater returns for the investment than a lighter investment. And so, in the field of health and welfare, I believe that those who control and shape policy should recognize that heavier investment in the health and welfare of the people of their country, not only the working people, will assure a better community, a better working force, reduce the costs of remedying situations that could have been prevented in the first place; and will, if we want to reduce it to terms of dollars and cents—though this should not be the first objective in health and welfare—insure greater profits to employers, to all who have an interest in deriving income from society.

I'll close with the assurances to the American Social Hygiene Association that the Labor League for Human Rights, AFL, and the CIO War Relief Committee, are interested in cooperating to our fullest ability to get the message of your program across to our memberships, to our organizations; that we welcome the approach that has been made, and promise to cultivate it.

(Applause)

DR. HEISER: Thank you, Mr. Bluestein, for this eloquent presentation of the part that labor is taking in the control of venereal disease. I'm sure everyone here has been gratified to learn of this very active participation.

Now, we have one more speaker, this evening. And I'm very glad he's on the program, because so often the people who do the hard work in organizing a meeting of this kind are not heard from; they never have an opportunity to speak for themselves. But this evening the man who did most, probably, to bring this meeting into existence, MR. PERCY SHOSTAC, will tell you his ideas for further programs in the control of this disease.

MR. SHOSTAC: It's a big job to reach thirty million or more industrial workers, and, through them, their families and friends. Even on the basis of this conservative computation, that would account for at least half of our total population. Nevertheless, that is the goal so far as numbers are concerned, at which any industrial program must aim. We of the American Social Hygiene Association, with the energetic and forward-looking help of management, of the trade unions, and of many voluntary and public health people, hope to make at least a recognizable impression on this vital segment of the United States of America.

We express that hope, and we look toward that goal, because we are approaching the industrial set up from three converging avenues. On the basis of previous experiences and activities, the ASHA is able to offer three concrete programs of education and action for enlisting the aid of management, labor, and the community in the control of the venereal diseases. These programs are:

1. Reaching the worker directly, through the trade unions.
2. Reaching the worker through management, and
3. Reaching him through industrial health projects, which team up management, labor, the medical profession, and local health agencies and departments for better health in the industrial communities.

These three approaches, through organized labor, through management, and, on a community-wide basis, through the industrial health committee, have a common denominator, which makes it possible for the experiences in one plant to serve as a guide and stimulus to the others. I'm referring to the Health and Safety Committees in firms, which are proposed under each method.

Workers are not likely to warm up to health programs handed out from the front office without their having a say in the matter. In fact, they are even likely to turn their backs on such good intentions by management, and may even be suspicious of community health facilities provided by forward-looking plants.

The beauty of the shop Health and Safety Committee is that it enlists the confidence of the employee. These Committees are democratic instruments for employee-management teamwork. Such Committees, made up of key employees—shop stewards in organized plants—together with the plant physician, nurse, personnel director, and, if possible, the employer himself, can spell the difference between failure or success in any given health undertaking. This certainly goes double for any program of VD control, since the workers are naturally interested in guarantees that job discrimination will not result.

A functioning Health Committee in a firm can distribute pamphlets, and leaflets, arrange for movie showings with speakers, can get across to the workers the value of using existing medical facilities in the plant and in the community, and, yes, the plant Committee can sponsor and make acceptable a mass blood testing of the entire employee group.

The point is that we urge the formation of Health and Safety Committees in the firms; that we consider them as next to indispensable for best results. We have three approaches to workers in industry. How do we propose to put them to use? Fortunately, we have ready and at hand, procedure manuals for each one of them. These are pretty complete guides to action, and include samples of suggested material for each program.

The Trade Unions vs. VD, a manual aimed specifically at trade unions, is a program of education and action. We think that the

information in this manual is concrete, and the directives are simple to follow. The approach has to be slightly different with industry. And here is a manual addressed specially to industry, *Industry vs. VD*. In each case we base our plan on management-labor cooperation.

Then, for the community-wide, the industrial health committee plan, we also have a *Procedure Manual*, for organizing community industrial health committees which follows more or less the same plan as these, only it's a different method and has to be presented differently.

These are being distributed across the country. All are material for industry and trade unions, are being promoted by the American Social Hygiene Association field staff; by state and local social hygiene societies, and by interested state and local health officers. In addition, special methods of distribution directly from the ASHA are being used for each type of manual.

Take *Industry vs. VD*. This manual is addressed particularly to plants, to management. The Health Advisory Council of the U. S. Chamber of Commerce has requested eighteen hundred of these manuals, for distribution to its local chapters and to some industries. We hope from this, to get a reasonable response from industries in the various towns. In addition to that, we are going to send these out to a select list of firms.

Fifteen hundred of *The Trade Unions vs. VD* manuals have been sent to AFL central trade and labor bodies throughout the country; to CIO industrial union councils, to national unions, and international unions, to some local and to state bodies. We hope in that way to get them down to the actual locals. In addition, these manuals have gone to the 450 trade union editors.

About 200 of the *Procedure Manuals for Industrial Health Committees*, based on the Fort Greene-Bedford Health project, have been distributed. A number of committees are considering committees patterned on the Fort Greene Industrial Health Committee.

As a follow-up to the seven articles, *Unite Against VD*, prepared by Dr. Walter Clarke for trade unions, we have now ready a new series of seven articles by Dr. Clarke—*Stamp Out VD*, prepared especially for employee house publications, or, as they are sometimes called, house-organs.

This is the way the land lies, as we plot our course of action against the venereal diseases. In both the industry and the trade union manuals, we advocate a three point program. *First*, organization to set up the machinery needed, to make the program work. *Second*, education, to drive home the facts about VD and other health subjects to the workers. And *third*, participation to stimulate the trade union and its members, or management and its employees, into action for better health for themselves and their communities. Participation is really the pay off of this program. When labor

and management get together they make an unbeatable combination. Once they agree on where their mutual interests are, and what they want, they are more than likely to get it. If they say "thumbs down" on prostitution in a community, the racketeers, the crooked politicians, and the corrupt officials will be out of business in short order. If they say "we want our growing children protected by scientific education on sex and human relations," our schools will find room for such subjects on their curricula, and will see to it that they are properly presented. If they say "the venereal diseases are preventable and curable, and we're going to stamp them out," VD will be well on its way to extinction.

(Applause)

DR. HEISER:

Thank you, Mr. Shostac, for outlining the program.

Up until now the only one who had an opportunity to comment on the papers has been the chairman. It's proposed now that we give the audience a chance. And MR. PHILIP R. MATHER, who is chairman of the Committee on War Activities of the American Social Hygiene Association, will now take over the chair.

(Applause)

(From this point on, all questions are understood to come from the floor. In only a few cases was it possible to identify the questioner.)

MR. MATHER:

Thank you, Dr. Heiser. This is a question period, or, rather, a discussion period, ladies and gentlemen. It will take the form of questions and answers; questions from the floor—from you; answers, we hope, from the platform. I would like to make it quite clear, however, at the beginning, that I am not going to answer the questions.

I am simply playing the part of Clifton Fadiman in *Information Please*. And the experts over here, MR. GILLMOR, DR. WEAVER, MR. BLUESTEIN and MR. SHOSTAC, will be the ones who will give the answers.

So, if "Mr. Adams" and "Mr. Kieran" and the others will kindly gird themselves? If the questioners wish, you can designate the one to whom you want to direct your question. Or, if you aren't sure, just direct it in general, and we will try to select some one to answer it. And, to anyone who presents a question which "stumps the experts," our sponsor will be very glad to give, absolutely free of charge, as you leave the room, in lieu of the Encyclopedia Britannica, a copy of *Industry vs. VD*, *The Trade Unions* and the other manuals that are listed on our program.

(Laughter)

Now, has anyone a question to start this off?

QUESTION: I have a question I think Dr. Weaver might answer. In a community where there are no large industries, but just a lot of small shops—a good many places employing 50 to 100 people—what sort of an organization might be set up to give an industrial health service, with particular reference

to venereal disease? Should it be by the Health Department, or some voluntary organization?

DR. WEAVER: I believe that if you're in a community where you have a few small shops, that the proper thing to do would be to call in the local health officer. Those that I've had contact with were always very glad to come in and to do a series of blood tests on small groups.

MR. MATHER: It's possible Mr. Gillmor has something to say on that, because he's been in a community health organization.

MR. GILLMOR: I think Mr. Shostac is the expert on the Fort Greene program. I'm only the chairman, he really runs it.

MR. SHOSTAC: I think the question has been answered adequately.

MR. MATHER: Another question?

QUESTION: I would like to ask Dr. Weaver whether an effort was made to trace sources and contacts for these cases?

DR. WEAVER: Yes, I tried to trace sources by asking questions, and then reporting those sources to the health people. But I wasn't very successful at doing that. Many of these people were unable to give me sources, because they'd had numerous contacts.

QUESTION: I'd like to ask Dr. Weaver: Did you use a visiting nurse?

DR. WEAVER: Not at that time, no. The Health Department is doing that now. I mean the City Health Department is doing that, and tracing sources now.

QUESTION: I haven't been able to see any of the articles that Mr. Shostac suggested, but I wondered what provision is made for blood tests? That is quite an important problem, and the first problem, naturally, in all VD programs. If the industry becomes interested in doing VD work, the first thing wanted is blood tests. And, as it is now, in a town like the one I come from, in Detroit, if five hundred blood tests a day should suddenly be wanted, how could they be provided? And I'd like, too, to ask Dr. Weaver who paid for the blood tests, and where was it done?

MR. MATHER: The question, to Mr. Shostac, and also to Dr. Weaver, is: What preparation is it necessary to make for wholesale blood tests, in a community that, perhaps, is not equipped to make them?

MR. SHOSTAC: I would say, first, that naturally the question of blood tests comes up as the culmination of this program, after education is thoroughly started. In fact, there is one of the new ASHA pamphlets, *Why a Blood Test?*, designed to bring this point out. As regards the health and laboratory facilities of a town being swamped by the number of blood tests, I think that depends on each locality. Times for taking tests might have to be staggered. The Health Department might have to call in private laboratories, and so on. It's a question that can't be answered in any specific case, without knowing all the factors.

MR. MATHER: Thank you, Mr. Shostac. Have you anything to add, Dr. Weaver?

DR. WEAVER: When we began our program we started to send these blood tests in to the state laboratory. But we jumped from 10, to 15, to 20, to 30, to 50, and then we started sending them in to a central laboratory at the DuPont plant in Wilmington. We have, of course, paid all expenses involved, and the examinations were done on company time. There was no expense at all to the employee, except, of course, that, if infected, he paid for his own treatment

for which he went to his family physician. And, of course, he went to his family physician on his own time.

QUESTION: I'd like to address a question to Dr. Weaver, please. I understand that when you find a syphilitic lesion, you prohibit that patient from working until two or more treatments have been taken. If that patient has a family physician, do you report the case to the local health authority?

DR. WEAVER: The employers don't report the case to the health authorities. The family physician does that.

QUESTION: In the event that the patient doesn't return to work, but applies for work at another plant, he isn't followed up?

DR. WEAVER: If he quits, he isn't followed. But we have had only one who quit. Our turnover in normal times is much less than one-fifth of one per cent a month. So we have been able to follow him right on through treatment.

QUESTION: Does Dr. Weaver believe that there is a dormant stage, and, if so, how can these cases be picked up? Does he believe that periodic tests should be taken?

MR. MATHER: The question is: Should tests be given from time to time, on the theory that there might be a dormant stage, so that one test might miss a case of infection?

DR. WEAVER: Yes, there is a stage in which you don't get a positive test. In other words, there is a very definite lapse of time between the initial lesion, and getting a positive blood test. Over a period of years, we have encouraged the employees to come in to see us. And most of them do, if they have anything wrong with themselves, either gonorrhea or syphilis. They come in. That's company policy. They have found out that we don't tattle on them, and that they're protected. And they want help just as much as anybody else wants help. Blood tests are repeated annually, every year. And, on special employees, such as food handlers, and cafeteria workers, and certain others, blood tests are done every three months. Now, of course, unless you did a blood test every day on everybody, you couldn't expect to be able to find out just when this period of dormancy would be.

QUESTION: I would like to ask Dr. Weaver just how he obtains the information that patients are getting adequate treatment all the time? We use a treatment card system, and when the patient goes to his family doctor, each treatment that he is given is put on the card. We request that patients report back to our medical department every eight weeks. At that time, we collect a urine specimen. We frequently do examinations. We check the heart, and the aorta, and we check the blood pressure at that time. I was just wondering how Dr. Weaver goes about getting his information that adequate treatment is being received.

DR. WEAVER: Those patients bring us in, each week, a written statement showing the drug and the amount that is given.

QUESTION: I'd like to suggest that the Public Health Nurse or the plant nurse could be used to advantage to find out about the contacts and in doing the follow up work for those contacts. The nurse in the plant can be trained to have a series of questions that are well-worded, so that she is able very often to get the information. And she is also able, very often, to help with seeing that the patient himself continues, either under a private doctor's care, or if on low pay, at a public clinic. But the Public Health Nurse can also be of help to the nurse in industry, because the tie-up between the nurse and the health department will often permit the local health department to do follow up work on those cases where the plant nurse and the plant doctor have failed. And I'd like to see that stressed as a regular part of the scheme. Unless you have a good tie-up there, between the plant nurse and the Public Health Nurse, and of course the doctor in the plant, as the over-all officer, with the local health department, the followup system and the finding of contacts is lost.

MR. MATHER: The gentleman is suggesting the advantage of using the Public Health and the plant nurses both, in the followup work. He didn't ask a direct question, but I wonder if any of the experts have any comment on that suggestion that they'd like to make?

(Mr. Shostac suggested Mr. Mather call on Mr. Howard Strong, Secretary of the Health Advisory Council, U. S. Chamber of Commerce.)

MR. STRONG: I had another question for Dr. Weaver. I'd like to know what the reaction of the employees was at the beginning—how much resentment there was to the blood tests, and if there was any, as I assume there was; whether that gradually and almost entirely disappeared?

DR. WEAVER: Well, I frankly don't recall, ten years ago, any resistance. I just don't recall any at all. Of course I was ten years younger then, and enthusiastic. And there may have been some that I didn't know about. But, after you've been handling people for a long time, you get to the point where you can kid them out of resistance. I've had a big strong man come in and shudder at the sight of a needle, and then a little bit of a girl comes in and takes it as a big strong man should. When you get used to handling all kinds of people, from the Ph.D. experts, to your janitor, you learn to go about it in the right way, and you get the right attitude yourself. You're not going to have any resentment.

MR. MATHER: Let me ask you, Dr. Weaver, did you have the cooperation of organized labor at the beginning?

DR. WEAVER: Well, ten years ago, there was no union in the local plant. So I didn't have any organized labor cooperation, or lack of cooperation. But they are very cooperative now. I call on them for help whenever I need it, and they call on me for help.

QUESTION (from a Naval officer): Apropos of that last point, I've been rather impressed with the report of the program here, but I'm wondering if they all aren't a little bit academic in relation to the way we are allowing reaction to grow up under our feet today. It might interest you to know that the venereal disease rate in the Navy has increased by 10 per cent in the United States. Yet, if we can believe the papers, we are not going to be permitted to do much in the way of public education. I'd like very much to hear what Mr. Gillmor and Mr. Bluestein might have to say, as to what kind of support some of us who might think this is worth fighting through might expect in the way of cooperation from labor and industry. Most specifically, how about motion pictures taking the message to everyone? And the radio?

(Applause)

MR. MATHER: The question is asked of Mr. Gillmor and Mr. Bluestein: What support they think we will get throughout the country in a general program of education on venereal disease?

MR. GILLMOR: Well, the officer who spoke has put his finger on the most difficult part of the program. We are not going to lower that resistance he speaks of in a hurry. It's due to widespread public prejudice. And a prejudice which is endorsed by organizations. And we have just got to keep pounding away at it. Every industry that has put this program in recently knows that they're up against that kind of resistance. Dr. Weaver is fortunate, I think. So, I think, it is a problem that isn't going to be answered in a hurry. We just have got to keep at it.

MR. BLUESTEIN: I'll only add this, I don't know of any trade union in this country, affiliated with the AFL or the CIO, or an independent, that is indifferent to the message that the American Social Hygiene Association has to give. I don't know of any that are opposed to it. And, while we don't control the channels of advertising, the air or the motion pictures, we can certainly offer the channels available in the trade union movement, which reach some 14 million wage earners. And we can build a fire under those who are

trying to control or stop public education in this field. And I can assure you that this support can be effective if the trade union movement understands what this is all about, and is invited to get into it from the beginning.

(Applause)

MR. MATHER: I might say that the American Social Hygiene Association itself is doing all it can to foster general public education. Pamphlets have been prepared for use in the schools, and are being pretty widely requested by them; as well as by various organizations throughout the country. Moving pictures, pamphlets, speakers are also widely used. We're doing what we can.

Any further questions?

QUESTION: I would like to know what is being done through the Associated Hospital Services, or through the insurance companies, and through the farmer groups, to prevent these diseases, or else to spread the information which is essential for such groups to know?

MR. SHOSTAC: The Metropolitan Life Insurance Company for many years has spread information about the venereal diseases. Its pamphlets are excellent. There are further steps with various insurance companies afoot, by which the agents in the field are planning to distribute information. As far as the Associated Hospital Plan is concerned, I don't know of any educational work along those lines. Maybe they're doing it and maybe not.

QUESTION: You left out the farmers. I think the farmers are an important bloc in this country.

(Laughter and applause)

MR. MATHER: I know that a group of Negro insurance companies have become interested in this matter, too, and are taking up educational programs.

QUESTION: Are there any insurance companies which require a blood test before they write a life or health policy?

MR. MATHER: Can any of the experts answer that question?

(Mr. Shostac suggested Mr. Mather call upon DR. WILLIAM F. SNOW, Chairman of the ASHA Executive Committee.)

DR. SNOW: I think that most of the insurance companies require blood tests for insurance that amounts to 25 thousand dollars or more, as a procedure. That was a proposal at one time, but I think all applicants are encouraged to take it. Insurance companies are in a position that many other agencies are in, they are providing what the people want, that is, a service built on the question of good risks; and they encourage any steps to insure health. The Life Extension Institute, for instance, which began many years ago—President Taft was the first chairman—has done a great deal of work in community cooperation in the matter of bringing the attention of people to the importance of blood tests, and other examinations as a part of general health examinations.

I think that we must do educational work, both with ourselves and with the policyholders, before we can expect much more to be done by the insurance companies because of the difficulties that many of them have had, when they have tried to go forward with plans such as those of the Metropolitan scheme of introducing pamphlet material on this subject into homes. It hasn't been very well received in some homes, for reasons that we know. As Mr. Gillmor indicates we have got lots of work still to do.

MR. MATHER: Thank you, Dr. Snow. Is there a question over here?

QUESTION: I'd like to ask a question of all of your experts. This question is in regard to advice. I'm from the Department of Health of the State of Illinois, and, although we have made a certain degree of progress in venereal disease control, I'm sorry to confess that the least progress is made in the control of venereal diseases in industry. In fact, just the other day when I received the announcement that there was going to be a discussion here, I had

already formulated a state-wide program for the control of venereal diseases in the State of Illinois. This is only a temporary plan, and I am now waiting to receive comments from various agencies in the State of Illinois. Now, who is going to back me up from the various representations of the organizations, both of labor and industry? But how can the various organizations in the state be persuaded to help us in instigating and putting on a successful venereal disease control plan in industry?

MR. SHOSTAC: That's exactly what this meeting is about. In fact we are counting on all public health officials, both at the state level and the local level, to join us and other forces in trying to reach industry. I think Mr. Bluestein will want to comment further on this question.

MR. MATHER: Would you like to add a word, Mr. Bluestein?

MR. BLUESTEIN: I would suggest that you do not rely on communication by letter only; that you try to meet the president and the secretary of the Illinois State Federation of Labor, AFL, and the president and the secretary of the Industrial Union Council, for the CIO, in the State of Illinois. Have personal conferences. Communications are no substitute for personal conferences. And I think that if you present your program to them, they will more than understand, they will be willing to support it. I would also suggest that you get in touch with the representatives of the Labor League for Human Rights, and the CIO War Relief Committee, both of whom are in Chicago, and I know they would be deeply interested in giving you ready assistance.

* * * *

MR. MATHER: I think, ladies and gentlemen, that as it is getting a little late, and some of you have to leave, we had better bring this session to an end. I would suggest that the gentleman from Illinois have a personal talk with Mr. Shostac and Mr. Bluestein, before he leaves. If there are no more questions, DR. HEISER, will you step up here and close the meeting?

(Dr. Heiser suggested that Mr. Mather do so.)

Then we will declare the meeting adjourned. Thank you all, and good night.

(Applause)

"If each industry will take responsibility for knowing its own problem, for seeing that treatment is available, and for continuing to give employment to those who seek a cure, the cost to industry will be paid promptly in terms of lower compensation and more efficient labor. The employees, their families, and the community will benefit. . . ."

THOMAS PARRAN

Surgeon General, U. S. Public Health Service

A STATEMENT FROM THE INDUSTRIAL HYGIENE
DIVISION, UNITED STATES PUBLIC
HEALTH SERVICE

The U. S. Public Health Service continues to be very much interested in the control of venereal disease in and through American industry. Every effort is being made by the Service to cooperate with all other agencies—of government, management, labor, the medical profession, and voluntary associations—to achieve this end.

Control of these diseases through industry itself is perhaps the most desirable method, since by this means the most workers can be reached and continuity of treatment can to some extent be assured. Venereal disease control is a logical extension of the health service with which employees in many plants are already provided, and a necessary measure in the interests of management, labor, and the national economy itself.

The Industrial Hygiene Division of the U. S. Public Health Service encourages activity in venereal disease control by the 49 State and local industrial hygiene units, in cooperation with other public health authorities and with industry. Through its publication, the *Industrial Hygiene News Letter*, which reaches these agencies monthly, publicity is given to new developments in this field.

The February *News Letter* announced that new manuals published by the American Social Hygiene Association, *Industry vs. VD* and *The Trade Unions vs. VD*, were to be sent to Public Health Service personnel in the field and to the State and local industrial hygiene units. The use of these manuals is being urged as a guide to practical methods for applying the venereal disease control program to industry. Their utilization will be watched with interest and evaluated for future guidance.

J. G. TOWNSEND
Chief, Industrial Hygiene Division
Bureau of State Services

February 1, 1945

Editor's Note: The Industrial Hygiene Division has recently issued a new *Bibliography of Industrial Hygiene, 1900-1943* "covering every phase of industrial hygiene development for nearly half a century." Sample copies may be secured free from the Division at Bethesda 14, Maryland. Ask for Public Health Bulletin No. 289. (See additional information on page 123.)

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

U. S. Public Health Service Issues Annual Report.—The printed *Annual Report of the United States Public Health Service for the Fiscal Year Ending June 30, 1944*, has been published and is now available from the Government Printing Office (20 cents per copy). In the Foreword of this report, Surgeon General Thomas Parran likens the present health situation to that after World War I, 25 years ago, when Surgeon General Blue outlined "a comprehensive program to meet pressing after-the-war health needs." Dr. Parran traces the expanded concept of public health developed in the intervening period, and outlines broad objectives of a comprehensive postwar program which would include primarily:

(1) a sanitary environment for everyone; (2) a hospital system adequate for the provision of complete medical services for all; (3) expanded public health services in every part of the country; (4) augmented research in the health and medical sciences; (5) training of health and medical personnel in adequate numbers; and (6) a national medical care program.

In the section reporting on the Venereal Disease Division, it is said "the year ended June 30, 1944 may eventually come to be regarded as one of the most significant in the history of venereal disease control" because of the extensive experimental use of penicillin for both gonorrhea and syphilis and the advances in use of rapid arsenotherapy for syphilis.

Syphilis cases reported to state health departments during the year numbered 473,993, representing a decrease of 18.2 per cent over the previous year, and a 4.2 per cent decrease as compared with the last pre-war year ending June 30, 1941. Although this decrease may be accounted for in part by the withdrawal from the civilian population of several millions of men in the younger age groups, it still fails to show the usual large increase in incidence of syphilis expected in wartime.

Reports of gonorrhea, which increased 10.6 per cent over 1943 and 57.1 per cent over 1941, to a total of 311,795 cases, are accounted for in part by more intensive case-finding by clinics, widening knowledge of the seriousness of the disease, and more interest on the part of physicians and health departments, so that the apparent increases do not necessarily, says the report, mean greater incidence of infection.

Other significant items in the VD control program are:

Training courses for physicians, nurses and technicians conducted at the USPHS Medical Center, Hot Springs, Arkansas; City Isolation Hospital, St.

Louis; University of Michigan; University of Pennsylvania; Johns Hopkins Hospital; VD Research Laboratory, Staten Island, New York; and the Mexican Border Control Program, El Paso, Texas.

Seventeen additional rapid treatment centers established, bringing the total to 58, estimated sufficient to care for 100,000 patients annually if used to full capacity.

Research continued in use of penicillin for both syphilis and gonorrhea with very favorable results; rapid arsenotherapy for ambulatory syphilis patients also showing high rate of apparent cure.

Cooperation with armed services in case-finding from contact reports; in summarizing, through Regional Tabulating Units, the results of reports from the armed services and civilian sources; in following up of demobilized soldiers whose routine blood tests at time of separation show evidence of noninfectious syphilis; in aiding state and local health departments in following up Selective Service registrants with serologic evidence of syphilis and reclaiming many thousands through treatment for induction into the armed forces; by direct assistance in VD educational programs.

New instructional films and pamphlets developed and distributed by USPHS and cooperatively with the VD Education Institute of Raleigh, North Carolina.

Under the reorganization* effected during the year, a new Division of Public Health Methods has been set up in the Office of the Surgeon General, with the major functions of evaluating national health problems, developing methods to meet them, and disseminating public health information. Reported among this Division's activities are: field work in health education, with demonstrations in North Carolina, South Carolina and Oklahoma now taken over by the respective states; and new demonstrations started in Michigan, Tennessee and Puerto Rico, with other states setting up programs patterned after these demonstrations. Training of health educators was accelerated through two grants from private foundations, and joint programs for the training of public health education personnel are being planned in 10 states.

The *Report* also contains interesting accounts of the work of the other divisions of the Surgeon General's Office; the National Institute of Health, with its eight scientific divisions; the Bureau of Medical Services; the Bureau of State Services which includes the States Relations Division and Industrial Hygiene Division, as well as the Venereal Disease Division; the District Offices; and Appendices containing detailed statistical tables.

U. S. Chamber of Commerce Urges Steps for Industrial Health.—

"Industrial health programs constitute one of the most important single influences for improved public health and individual health in the United States" says the Health Advisory Council of the Chamber of Commerce of the United States, in a recent statement released by Howard W. Strong, Council Secretary, from the Chamber's headquarters in Washington. The statement says further:

* See JOURNAL OF SOCIAL HYGIENE, Vol. 30, No. 1, January 1944, page 43.

"Preplacement health examinations of prospective employees in industry, and periodic examinations of workers already employed, bring an important measure of health protection to a large proportion of the nation's adult population—its millions of industrial wage earners.

"Effective health programs in industry have a value to the section of the adult population they reach comparable to the value of school health programs to the nation's children.

"Some of the health-awareness acquired by workers who experience the benefits of industrial health programs undoubtedly is spread also to other adults, including friends and relatives not employed in industrial plants."

The objectives of industrial health examinations, as stated by the Council on Industrial Health of the American Medical Association, and endorsed by the Health Advisory Council of the USCC, are:

1. To facilitate placement and advancement of workers in accordance with individual physical and mental fitness.
2. To acquaint the worker with his physical status and to advise him in improving and maintaining personal good health.
3. To safeguard the health and safety of others.
4. To discover and control the effects of unhealthful exposure.
5. To promote cooperative support and understanding of industrial health practices by employer and employee alike.

"Unjust exclusion of workers from employment through improper application of findings of health examinations has been declared contrary to the public welfare and sound industrial health principles, and only the presence of an infectious disease in a communicable stage, mental illness in which impaired judgment or actions prevent cooperative effort, or incapacitating injury or disease are regarded as absolute bars to immediate employment in nonhazardous occupations."

Navy Department Launches Program of Procurement of Non-medical Venereal Disease Control Officers.—Plans for immediate procurement of 50 non-medical venereal disease control officers have been completed by the U. S. Navy Department. Candidates for commissions will be considered from civilian life as well as from the ranks of officers and enlisted men.

Under Special Program No. 166 of the Bureau of Naval Personnel, these officers will be assigned to various Naval activities to conduct educational programs in venereal disease control under the direction of the activity's medical officer. These men will act as liaison officers with civilian health authorities in the area to which they are assigned, establish community relations, lecture on the causes of venereal diseases and how to avoid them, assisted by such visual aids as motion pictures and slides, and keep statistical records on venereal disease control work in their respective districts. They will not administer actual treatment.

Male civilians up to the age of 45 years who are interested and feel qualified for this work may apply at their nearest Office of Naval Officer Procurement. If accepted, they will be commissioned in a rank comparable with age, with the maximum rank of Lieutenant. Preference will be given to applicants who have had some actual experience in VD control work.

Qualifications are as follows:

1. Applicants should possess the general qualifications for officers as outlined in the Officer Qualifications Manual, and in addition one of the following:

(a) A college degree in any of the basic sciences, public health administration, health education, sociology, psychology, or related fields, and at least one year of practical experience in venereal disease control with the U. S. Public Health Service, State and local health departments, the Division of Social Protection (Federal Security Agency), the U. S. Army, the American Social Hygiene Association and affiliates, the National Tuberculosis Association and affiliates, or any recognized volunteer agency of comparable caliber.

(b) A college degree and at least three years of practical experience in some phase of public health work with one or more of the organizations specified above.

(c) In lieu of a college degree, a minimum of two years of college credits normally leading to a degree, plus:

(1) At least three years of practical experience in some phase of public health work, one year of which must have been in venereal disease control, or

(2) At least four years of experience in one or more of the following fields; health education with public, private, or voluntary agencies; newspapers, advertising or public relations work; community or trade organizations, home demonstration or extension work, or adult education.

With regard to physical requirements, consideration to granting waivers for physical defects will be given candidates whose deficiencies are not such as to interfere with the performance of duty.

Desirable candidates should be those who appreciate the necessity of venereal disease control, who would be interested in helping establish proper preventive measures, and who would be able to express themselves before groups.

Five of these Deputy VD Control Officers have already been assigned to work under the direction of various Naval District VD Control Officers, as follows:

Lt. (j.g.) Neely E. Bradford, H(S), USNR, to 12th Naval District, San Francisco

Lt. (j.g.) Fred R. Kearney, H(S), USNR, to 9th Naval District, Chicago

Ensign Kenneth T. Krantz, H(S), USNR, to 8th Naval District, New Orleans

Ensign Daniel J. McDede, H(S), USNR, to 1st Naval District, San Diego

Ensign Leroy E. Plank, H(S), USNR, to 5th Naval District, Norfolk

General Dunham Heads Institute of Inter-American Affairs.—Major General George C. Dunham has been named president of the Institute of Inter-American Affairs to succeed Nelson A. Rockefeller, formerly Coordinator of Inter-American Affairs, who recently became Assistant Secretary of State in charge of relations with the American republics.

The appointment was made at a special meeting of the Institute's directors, at which Mr. Rockefeller was elected to the newly-created post of Chairman of the Board of the Institute of Inter-American Affairs. The Institute is an operating agency of the Office of the Coordinator of Inter-American Affairs.

Succeeding to the post of Executive Vice President of the Institute, which was formerly held by General Dunham, is Lieutenant Colonel Harold Benedict Gotaas, who is also Director of the Institute's Division of Health and Sanitation. Colonel Albert R. Dreisbach, formerly Director of this Division, has been reassigned to another important post by the U. S. Army.

General Dunham has been with the Institute since 1942. He was formerly director of the United States Army Medical School. He is well known for his work in the field of public health and his book on *Military Preventive Medicine* is a standard textbook that has been translated into a number of languages. Recently a micro-filmed copy of the book was flown to Chinese military authorities at the request of Generalissimo Chiang Kai-Shek.

The Institute has working agreements with 18 Latin American countries on a cooperative basis designed to safeguard the wartime health of the Americas and to help pave the way for the economic stability of the hemisphere in the postwar era. The agreements cover mutual working arrangements in the fields of both public health and agriculture on a share-the-cost basis. (See *News from Other Countries*, p. 124.)

National Negro Health Week Observed April 1 to 8.—The thirty-first annual observance of National Negro Health Week comes this year on April 1 to 8, with the special objective of *A Healthy Family in a Healthy Home*. Materials have been prepared by the National Negro Health Week Committee, including a broadcast, a Health Week sermon, the *Health Week Bulletin* which gives many suggestions for community programs and organization, a poster and other aids. Awards are offered for progress and achievement in state, community or county health programs, and for the best poster submitted by a school. The suggested program for the week includes:

Sunday, April 1—*Mobilization Day*; Monday—*Home Health Day*; Tuesday—*Community Sanitation Day*; Wednesday—*Special Campaign Day* (for concentration on one or more practical objectives); Thursday—*Adults' Health Day*; Friday—*School Health and Safety Day*; Saturday—*General Clean-up Day*; Sunday, April 8—*Report and Follow-up Day*.

National Negro Health Week continues to be one of the most helpful events of the health calendar, as increasing numbers of communities make it a part of their health education program. Further information on suggestions and materials may be secured from the National Negro Health Committee, care of U. S. Public Health Service, Washington 14, D. C., which is also interested in having reports of community programs.

Child Welfare Information Service Set Up in Washington Gives News on Legislation.—Information on activities of Congress and Federal agencies as they affect the general welfare of children and youths is now available from the newly organized Child Welfare Information Service, Inc., a voluntary nonprofit association supported by contributions and subscriptions, located at 930 F Street, N. W., Washington 4, D. C. The Service issues a *Bulletin* from time to time giving identifying data and digest of contents of new bills introduced into Congress, as well as discussion when the bill comes up, notice of hearings, important amendments and action taken. News will also be given of proposed legislation still in the discussion stage, and of reports of Congressional committees and Federal agencies which are pertinent.

Officers of the organization include: President, Mrs. Eugene Meyer; Vice-Presidents, John Dewey, Mrs. Dorothy Canfield Fisher, Homer Folks, Leonard W. Mayo, C.-E. A. Winslow; Vice-President and Treasurer, George J. Hecht; Secretary, Mrs. Gertrude Folks Zimand; Executive Director, Bernard Locker.

American Public Welfare Association Elects Officers.—Results of election of officers of the American Public Welfare Association, held by mail since the suspension for the duration of the Washington Round Table meetings, have been announced as follows:

President, Loula Dunn, Alabama; Vice-President, Robert T. Lansdale, New York; Treasurer, J. Milton Patterson, Maryland; Secretary, Howard L. Russell, Chicago; Directors through 1945, Earl M. Kouns, Colorado, and Harry O. Page, Maine; Directors through 1947, Fred K. Hoehler, UNRRA, Paul V. Benner, Kansas, Edward L. Worthington, Cleveland, John H. Winters, Texas, and Arthur J. Will, Los Angeles.

Current and Coming Events

- April 1-8** **National Negro Health Week.** Thirty-first observance. Special objective, *A Healthy Family in a Healthy Home*
- April 14** **Pan American Day.** Fifteenth Annual Observance throughout the twenty-one republics of the Western Hemisphere. Theme: *The Peoples of America—Independent—Interdependent—Neighbors in a World of Neighbors*
- May 1** **Child Health Day.** "Make May first the day when your community does honor to its babies, inviting all mothers of this year's babies to make sure their births have been completely and accurately recorded. Remember a child's birth certificate is his first and most valuable citizenship paper." KATHARINE F. LENROOT, Chief, Children's Bureau, U. S. Department of Labor.

NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

Director Community Service, American Social Hygiene Association

California: San Francisco Parental School.—The success of this unique project in the field of prevention of juvenile delinquency makes the following statement by M. Jay Minkler, Director, of the School's aims and plan of organization of special interest at this time:

"The San Francisco Parental School was established on May 3, 1943, by Mr. George Jarrett, Executive Secretary of the San Francisco Coordinating Council, aided by juvenile court and public school officials. It was believed by all concerned that this project would help stem the tide of juvenile delinquency so generally apparent throughout the country.

The main purpose of the School is to promote juvenile welfare by strengthening home ties all along the line.

Specifically the School aims to give parents a newer and stronger appreciation of their manifold responsibilities and opportunities; and practical information is furnished them which is designed to help in the solution of many family problems.

A secondary purpose is to serve as a coordinating agency between schools, juvenile court, police department, the District Attorney's Bureau of Family Relations and all private agencies operating in the field of child welfare.

Our efforts are aimed at prevention rather than correction and the parents we expect to help most are those who still have small children under their care.

The School meets every Monday evening, from eight to nine o'clock, in the auditorium of the Health Building conveniently located at the Civic Center.

Referrals are made chiefly by the Juvenile Court where parents of delinquent children are found guilty of "contributing" by the Superior Judge and placed on probation the terms of which are attendance at the Parental School for eight consecutive Monday evenings.

The meetings are set up according to the schedule which follows and are not planned in order of logical sequence. Therefore, any parent can begin any time and cover the course in eight weeks.

Two common methods of instruction are used:

(a) Group discussion, at each weekly meeting, led by a local authority in the field or subject under consideration. The schedule of subjects is given below. Leaders do not "lecture" or talk down to the class, but speak most informally and in neighborly and democratic tone. Free participation from the floor is encouraged and regularly invited.

(b) Individual counseling and guidance is used not only on the part of the Director who serves in the capacity of an Evening High School Teacher in the Public School Department, but also by probation officers and case workers of the private social agencies who are invited to cooperate in the follow-up work.

Aside from the juvenile court, the police courts, the Family Relations Bureau of the District Attorney's office, the Attendance Bureau of the Public School Department, and private social agencies can refer parents to the school. Some who come by the latter sources are considered voluntary and their attendance is not forced. With most "students" however, their attendance is compulsory and at the end of their course the court or agency from which they came receives a final report and the family is either dismissed or referred to the appropriate organization for follow-up care.

It will be noted, therefore, that three types of parents attend:

1. Parents of delinquent children.
2. Parents who are themselves delinquent and who have small children growing up under their care and who are potential delinquents to a high degree.
3. Parents who voluntarily attend for the benefits to be derived.

The legal foundation of the School is to be found in *Section 702* of the Institutions and Welfare Code of California which provides among other things that "*Any person* who commits any act or omits the performance of any duty" which causes any person under the age of 21 to become delinquent is guilty of a misdemeanor. It is being found that the general and sweeping provisions of this act can well be applied to parents who are today more than ever before neglecting their basic parental responsibilities. At the time this is written the School has been operating over a year and of the 200 cases handled none have been "repeaters." It is the consensus of opinion among public officials, social workers, educators and the parents themselves, that the benefits received have been of considerable value. Accomplishments, however, in the field of prevention simply do not lend themselves to statistical treatment and many results have to be taken for granted."

SCHEDULE OF MEETINGS
SAN FRANCISCO PARENTAL SCHOOL

<i>Subjects</i>	<i>Instruction Furnished by</i>
I. <i>The Legal Responsibility of the Parent.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> 1. Juvenile Court 2. District Attorney </div> </div>
A. To the community.	
B. For maintaining a home.	
C. For supervision.	
D. For adequate care.	
II. <i>The Parent's Responsibility for the Child's Health.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Department of Public Health</div> </div>
A. What diet?	
B. How much rest, play, work?	
C. Dental hygiene.	
D. Personal hygiene, communicable disease.	
III. <i>The Parent's Responsibility for Maintaining an Adequate Recreational Program.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Recreation Commission</div> </div>
A. What is good recreation?	
B. How can it be maintained?	
C. What are the harmful aspects of recreation?	
D. How can the parent participate in the child's recreational program?	
E. The parent's own recreation program.	
IV. <i>What Are the Community Facilities for?</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Council of Social Agencies of Community Chest</div> </div>
A. Maintaining health.	
B. Providing recreation.	
C. Enforcing the law.	
D. Learning a trade.	
E. Advising a parent.	
F. Helping the child.	
V. <i>Your Child's School Career.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>School Department</div> </div>
A. The relationship of the school to the home.	
B. Opportunities for help and advice.	
C. His school habits.	
D. Training for his future.	
E. Formation of good habits for pre-school child.	
VI. <i>The Relationship of the Church to the Home.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>San Francisco Council of Churches</div> </div>
A. The church and family life.	
B. Spiritual training and guidance.	
C. The facilities of the church for recreation.	
VII. <i>The Child's Emotional Life.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Psychiatrist</div> </div>
A. Danger points.	
B. How to cope with emotional problems.	
C. How to understand your child.	
D. How to get help.	
VIII. <i>The Importance of a Job for Your Child.</i>	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Student Placement Bureau U. S. Employment Service</div> </div>
A. How to train him to hold a job.	
B. Community facilities for getting a job.	
C. What kind of a job should he have?	
D. What should be expected of him on the job?	
E. When should a child work?	

Colorado: Denver Public Health Council Program Pledges Cooperation.—At the most recent annual meeting of the Health Council the president's report—delivered by Dr. Henry Hoffman—included a preliminary outline of the Council's program for the year ahead. This program outline was given "in terms of the president's interpretation of the thinking of the 1944 Board of Directors," and included the following paragraph:

"We shall endeavor to give as much leadership and coordination to the social hygiene activities in the Denver metropolitan area during the year as we are able."

Connecticut Creates State Bureau of Inter-American Affairs.—Connecticut, one of the important cultural and industrial centers of the nation, now holds the distinction of being the first state in the union to have an officially recognized Bureau of Inter-American Affairs. The bureau will form part of the Connecticut Development Commission, under the chairmanship of Willard B. Rogers, and will enjoy the close cooperation of many prominent organizations, educational institutions and individuals in every part of the state.

News of Connecticut's contribution to closer cultural and economic relations between this country and the other American republics was announced recently by Governor Raymond E. Baldwin, when he made public a letter from Nelson A. Rockefeller, designating the Connecticut Development Commission as an official Inter-American Center.

In his letter, Mr. Rockefeller praised the leadership which Connecticut had displayed in sponsoring inter-American activities under official state auspices, and pledged the cooperation of his agency in helping to attain the objectives set for this state's new bureau of inter-American affairs. Following the establishment of the bureau, representative groups and individuals from all parts of Connecticut met to draw up plans for the state's inter-American program in collaboration with officials of the Office of Inter-American Affairs in Washington.

Indiana: Council of Women Adopts Resolutions.—At the Twenty-third Annual Convention of the May Wright Sewall Indiana Council of Women held in Indianapolis, the following resolutions were adopted:

Resolution No. 1. Social Hygiene

Whereas, a campaign has been organized to arouse public opinion to support a coordinated program of social hygiene education in Indiana, and whereas a concerted enforcement drive to curb the spread of venereal disease and an educational campaign designed to reach every home in Indiana on subjects relating to social hygiene are being proposed; therefore be it resolved,

That the May Wright Sewall Indiana Council of Women, in annual convention assembled, heartily endorse this movement and impress upon our constituents that only through education and medical preventive measures can venereal disease be controlled.

Resolution No. 4

Whereas, juvenile delinquency is on the increase in our communities, due in part, perhaps, to the fact that many mothers are employed outside the home; therefore be it resolved,

That we cooperate with all social agencies for law enforcement and crime prevention, help in coordinating all such efforts to bring the situation under control, promote wholesome, constructive, character-building, recreational facilities and appropriate part-time employment of older children, in order that all children may develop into intelligent, industrious, law-abiding citizens.

Louisiana: New Orleans Holds Program of Community Action in Venereal Disease Control.—Following the pattern already successfully used in St. Louis and Cleveland, a Physicians Refresher Course and Informational Institute for lay groups were held in New Orleans from November 29th through December 18th. These courses were sponsored by interested national, state and community agencies, both official and voluntary. John M. Ragland of the Social Protection Division gave effective help in charting the courses and carrying them to successful completion.

Miss Odile Simpson, Executive Secretary of the New Orleans Social Hygiene Association, sends the following report:

The Physicians Refresher Course held on December 12th and 13th at the Delgado Hospital was attended by thirty-nine physicians from the states of Louisiana, Texas, Florida, Alabama, Tennessee and Mississippi.

The program included discussions of the Venereal Disease Control and Social Protection Programs on the national, state and local levels. Dr. John M. Whitney served as Chairman and speakers included: Dr. L. E. Burney, Dr. Owen F. Agee, Dr. John M. Whitney, Dr. Richard A. Flebbe, Dr. George H. Hauser, Dr. Eugene A. Gillis, Dr. T. K. Lawless, Comdr. T. A. Fears, Dr. John P. Turner, Dr. C. H. D. Bowers and Major George Burgess.

The Fourteen Informational Institutes for lay audiences drew in the following groups: Carpenters and Joiners Union of America, Local 2039, A. F. of L.; Painters, Decorators & Paper Hangers of America, Local 1353, A. F. of L.; Y.M.C.A. School of Commerce; Xavier University Students; Public High School—Girls; Public High School—Boys; Building Service Employees, Local 275, A. F. of L.; Colored Church Women; Colored Ministers; General Longshore Workers, I.L.A., Local 1419, A. F. of L.; Tavern, Hotel, Rooming House and Taxicab Operators; Construction and General Laborers Union, Local 689, A. F. of L.; Gilbert Academy; Insurance Executive Council of New Orleans; Dillard University.

Thirty-six individuals participated as speakers and it was estimated that 4,200 people were reached during the Institutes. The following committees were appointed to carry on further developments in this worthwhile project:

(1) A Central Committee, composed of representatives of the Executive Insurance Council, with sub-committees on health education in the offices of each of the eleven insurance companies in New Orleans;

(2) A committee of Negro women to work with the Social Protection Division and Health Department on health education and reduction of promiscuity;

(3) A committee of ministers to work with the Social Protection Division on law enforcement, and another committee to work on manpower.

Maryland: Baltimore Hotel Permit Revoked in War on Venereal Facilitation.—Under this title the *Baltimore Health News* for December, 1944, published this statement:

“Recent City Health Department action in connection with the prevention of venereal diseases at a waterfront hotel in Baltimore is set forth in the following Department communication:

Dear Mr. _____:

On August —, 1944 you filed an application for a Health department permit to conduct and manage the _____ Hotel at _____ Street, in accordance with the provisions of the city ordinances relating thereto.

A Health Department permit, as required under Section 111, Article 16 of the Baltimore City Code of 1927, was issued for the _____ Hotel at _____ Street, permit No. _____.

This letter is to notify you that in accordance with the provision of Sections 118 and 117 of Article 16 of the Baltimore City Code, as amended, the Health Department permit No. _____ for the _____ Hotel at _____ Street is hereby revoked, such revocation to be and become effective at noon on Saturday, November 18, 1944.

This action has been taken in accordance with the provisions of the City Code above referred to because you have neglected and failed to comply with the provisions of the city ordinances relating to Health Department hotel permits as evidenced by the fact that you suffered and permitted the _____ Hotel at _____ Street to be used as a bawdy house and a disorderly house which was resorted to for the purposes of prostitution, fornication and other lewdness, as evidenced in Indictment No. _____ filed in the Criminal Court of Baltimore City on October —, 1944, in the trial of which case the verdict on October —, 1944 was guilty, which resulted in commitment to the jail and the payment of a fine.

Occasionally applications for rooming house permits have been denied by the City Health Department for reasons similar to the case above, but this is the first permit revocation of the kind in Baltimore in recent years. It is a part of the community attack on venereal facilitation, that unhappy money-making process that makes promiscuity and prostitution easy.”

Maryland: Hood College Plans Course on “Community Organization and Youth Leadership.”—With the worthwhile objective of helping college women prepare themselves for intelligent leadership in community affairs, Hood College, Frederick, Maryland, is offering, in its next semester, a course entitled *Community Organization and Youth Leadership*. One section of the course will deal with discussion of national organizations which influence community life. This plan will include the building of a permanent collection of publications and posters in the college library. The ASHA has contributed a selection of material for this purpose.

New Jersey: Montclair Community Health Committee Holds Institute on “Personal and Social Guidance.”—Mrs. Bertell Collins Wright, Health Education Secretary of the Essex County Tuberculosis League, reports a six session Institute, given at the YMCA in Montclair January 16–February 20, for parents and young adults interested in getting the most out of family living. Topics and speakers were as follows:

- I. *Introductory Lecture*: Lester A. Kirkendall, Specialist in Health Education, U. S. Office of Education, Washington, D. C.
- II. *We Are Parents*: Mrs. Marian F. McDowell, Extension Specialist in Child Development and Family Relations, Rutgers University.
- III. *Getting the Child Off to the Right Start*: Miss Vera Brooks, Associate Professor of Health Education, Newark State Teachers College.
- IV. *The Age of Puberty*: Dr. Lena F. Edwards, Member of Staff, Margaret Hague Hospital, Jersey City, N. J.
- V. *Emotional Problems of the Adolescent*: Rev. Adelbert J. Buttrey, Pastor, Watchung Congregational Church, Montclair, N. J.
- VI. *Preparation for Adulthood and Parenthood*: Dr. Bruce Robinson, Psychiatrist, Board of Education, Newark, N. J.

Enrollment for the Institute was limited to sixty persons and leaders of groups were especially invited to attend.

Ohio: Cleveland Health Museum Program for Industry Well Received.—An excellent response has been received to the program and materials offered to Cleveland employers and employees during the past year, writes Dr. Bruno Gebhard, Director of the Museum, which was opened in 1940 to educate the public in maintenance of health and avoidance of illness.

Early in 1944 an outline of a possible program and available services was sent out with the following statement:

"The Museum has no cut-and-dried program to 'sell' to industry. The intent of this outline is to indicate what might be done during 1944 with a small number of companies. The program can be as broad and wide as the individual company's need. You may see in the outline certain applications that will suggest other possibilities based upon your own needs.

Better Health Possible in Industry

"It is well recognized that industrial accidents and serious illness account for 15 per cent of days lost in industry. The big drain upon man hours comes from diseases as 'unimportant' as the common cold or from generally run down conditions due to lack of proper food or rest. Remarkable progress has been made in accident prevention through the cooperation of employees. It is reasonable to assume that comparable effort in health education can reduce absenteeism due to minor illness and neglect of the bodily machine.

"It is to the interest of employer and employee that it be reduced since both lose when the employee is absent for reasons not covered by Industrial Compensation.

"Home conditions also have a very direct bearing upon industrial productivity. The employee who worries about illness at home which could be prevented by basic health education is not an efficient employee.

"It is to promote education primarily among employees, and secondarily in the homes, that the following outline is suggested:

What the Museum Offers

"(a) Consultation with plant executives on Health Education. This might develop in several directions: installation of a plant cafeteria to furnish proper diet; installations of health exhibits, or perhaps a dental clinic for employees. It is impossible to forecast the results of each consultation.

"(b) Loan of exhibits for installations at strategic points in the plant. A visit to the Museum will indicate the type of exhibits available for this purpose.

“(c) Sound motion pictures and strip-films on health.

“(d) Health posters on a monthly schedule.

“(e) Radio scripts or material for use over a loud-speaker system or at meetings.

“(f) Other materials for talks on health.

“(g) House organ material for a health column, both texts and illustrations.

“The above merely suggest possibilities.

At the Museum

“Afternoon or evening tours for groups (foremen, shop stewards, ladies' night, etc.) offer a very important supplement to an industrial health education program. A visit to the Museum results in the acquisition of basic knowledge about the 'house in which we live.'"

“It might be advisable to consider using the Museum Auditorium for special classes, motion pictures, etc. It seats about 225.

“The above outline is presented with the thought that possibilities will be discussed in person with those who are interested.”

Local companies which have utilized the Museum's exhibits for employee education include Warner and Swasey Co., National Smelting Co., Tremco Manufacturing Company, American Greeting Card Company, and Lamson and Sessions. The Goodyear Tire and Rubber Company of Akron, Ohio, and the National Battery Company, Depew, N. Y., are among companies elsewhere. Numerous requests for a series of health articles for employee magazines, written in light, readable style, have been filled. Among firms using this service are the Rochester Manufacturing Company, American Bandage Company of Chicago, Pennsylvania Airlines, Washington, D. C., Veeder-Root Company, Hartford, Connecticut, and Simpson Steel Company, Los Angeles, California.

Four exhibits illustrating *A Health and Safety Program* have been designed and built for the Zurich Insurance Company of Chicago, and are now being shown throughout the country, under direction of E. A. Pool, Director, Industrial Welfare Department.

The Health Museum, which is located at 8811 Euclid Avenue, has for officers Lester Taylor, M.D., president; N. H. Boynton, vice-president; Howard Whipple Green, secretary, and Warner Seely, treasurer. J. D. Doull, M.D., is chairman, and R. A. Bolt, M.D., is vice-chairman of an Advisory Council. Trustees are Kenneth L. Allen; D. B. Armstrong, M.D.; P. J. Aufderheide, D.D.S.; John W. Barkley; James A. Bohannon; J. Van Y. Caldwell; Sidney Congdon; Dr. Doull; Albert P. Gegenheimer; John A. Hadden; Rt. Rev. Msgr. John Hagan; E. R. Hankins; Gene C. Hutchinson; Paul Motto, M.D.; A. A. Stambaugh; Robert M. Stetcher, M.D.; Abraham Strauss, M.D.; Mrs. Herman L. Vail; Fred E. Watkins; Miss Virginia R. Wing.

Ohio: Dayton Plan for Study of Communicable Diseases.—The most extensive experiment with the Special Study Unit published by the American Social Hygiene Association in September 1943 under the title of *Some Dangerous Communicable Diseases* is in the Public Schools of Dayton, Ohio. In a cooperative project between the Dayton schools and the Dayton Social Hygiene Association, about 2,500 copies of this *Manual* are in use for education of parents

and students.* The following circular letter by which Doctor Emerson H. Landis, Superintendent of the Dayton schools, announced the plan to teachers and parents concerned, is reprinted here by permission:

DAYTON OHIO PUBLIC SCHOOLS

Curriculum Department

Special Unit of Study in Health Education

SOME DANGEROUS COMMUNICABLE DISEASES

Published by the American Social Hygiene Association in Coöperation
with the United States Public Health Service

Introduction

Recently Superintendent Landis arranged with the Dayton Social Hygiene Association to use in our schools a publication of the American Social Hygiene Association, *Some Dangerous Communicable Diseases*. This is a special Unit of Study in the field of Health Education. The Unit deals chiefly with the causes, dangers, prevention and treatment of tuberculosis, syphilis and other communicable diseases. Reference is also made to the moral and social issues which are so important in dealing with venereal diseases.

Venereal diseases are formidable enemies of the physical, mental, moral and social health of our nation. The public schools can, undoubtedly, make a contribution to the nation-wide program of education concerning the causes and the control of these diseases.

After discussing with a group of teachers the possible use of this unit in our schools, the following plan has been developed:

How the Material Is to Be Used

1. The pamphlet, *Manual for Teachers and Students*, will be furnished in class sets and will be used by the pupils. The 12 illustrative pictures, although not available in quantity as slides, are being furnished in the form of glossy cards and may be used as suggested below. *Two sets of slides will be available through the Visual Education Department.*
2. The Unit is to be used as a part of several courses now taught in our schools. These courses and the points at which the Unit is to be used in each course are listed below.

* Two other centers which are using almost as large quantities of the *Manual* are Florida and Georgia State Departments of Health, each having requested 2,000 copies. Many other education and health departments and societies, state and local, are now using from 100 to 500 copies of the *Manual*. The *Handbook*, which is better for most students below the second college year, is now being distributed.

Referring to the last paragraph above, satisfactory use of the 12 illustration cards with the accompanying text cards or sections of either the *Manual* or the *Handbook* has been reported by many schools, especially those which are not equipped for projection pictures in classrooms. The 12 cards may now be obtained in one sheet or poster 14" by 22". The 12 illustration lantern slides with accompanying 12 text cards are used for one lesson in many schools and for parents' meeting. For information concerning slides and cards which may be purchased or rented, write to the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

3. Since items 1-14 of the Unit cover material taught previously in our health and biology courses, this portion of the Unit is to be used as background and review material for one class period.
4. Items 14-48 of the Unit should be presented in 2 or 3 class periods according to the ability and interest of the class. The material presented under the heading, *Veneral Diseases from Another Viewpoint*, may be presented during the 2 or 3 periods allotted to items 14-48 or may be used during an additional class period. A greater amount of time should be given to the moral and social aspects of the subject in the 12th year Social Problems classes than in other courses listed below.

Courses in Which the Unit Is to Be Used

1. *Grade 8—Health Course*
 - a. The material will be used experimentally in 5 or 6 elementary schools in connection with the unit, *Ways of Fighting Communicable Diseases*. The material can best be used in connection with the section of this unit having to do with tuberculosis.
2. *Grade 10—Biology*
 - a. Use in connection with the unit, *Conquering Dangerous Microbes*, especially as a part of the study of life habits and characteristics of pathogenic organisms, and diseases caused by pathogenic organisms.
3. *Grade 10—Physiology and Health*
 - a. May be used as a part of the work on the following topics:
 - (1) *The Conquest of Disease*
 - (2) *The Respiratory System* (following the discussion of tuberculosis)
 - (3) *Improvement in Health Conditions*—especially as a part of the discussion of communicable diseases.
4. *Grade 12—Social Problems*
 - a. Use in developing *Section III Unit B, How Can We Build Strong Americans*, and Unit C, *Measures for the Protection and Improvement of Health*.
 - b. More emphasis should be given in this course to the moral and social aspects of the problem.

Use of the Twelve Illustrative Picture Cards

1. In schools where a reflectoscope is available, the pictures may be reflected on the screen. Where such equipment is not available the cards may be passed about the class.
2. It is suggested that the picture cards be used with the sections of text having the same number, as follows:

<i>Picture Card</i>	<i>Section of Text</i>	<i>Picture Card</i>	<i>Section of Text</i>
17A	17	23A-1	23
19A	19	25A	25
21A	21	25A-1	25
21A-1	21	30A	30
21A-2	21	34A	34
23A	23	39A	39

Approved: EMERSON H. LANDIS,
Superintendent of Schools

H. L. BODA,
Assistant Superintendent
In Charge of Curriculum

Oklahoma: Tulsa County Social Hygiene Association Announces Officers for 1945.—The Tulsa County Social Hygiene Association uses Vol. 1, No. 1 of a mimeographed *Bulletin* to announce future plans and to list officers for the year 1945. These are as follows:

President, A. F. Hyden; First Vice President, Mrs. C. B. Moore; Second Vice President, Dr. Eugene S. Tanner; Secretary, Miss Barbara Wildman; Treasurer, Dr. David V. Hudson.

Board of Directors: Dr. J. J. Billington, Dr. Charles Mason, Mrs. S. S. Matofsky, Mrs. J. E. Stewart, Mrs. Kathleen Vincent, Mrs. Lucile Mulhall, Mrs. S. J. Bradfield, Mrs. Paulin Keaton, Major Myrtle Frazier, Dr. Mabel O. Hart, Mrs. R. V. Rorabaugh, Mrs. C. P. Mitchell, Dr. Frank R. Pauly

Committees and their Chairmen: Recreation, Mrs. J. E. Stewart; North Tulsa Project, Dr. E. S. Tanner; Education, Dr. Frank R. Pauly; Health Education in Schools, Dr. Marcella Steele; Membership, Mrs. C. B. Moore; Juvenile Delinquency, Miss Mildred Craig.

The Society held a meeting on January 4 at which discussions were presented by Miss Craig, as Municipal Assistant Probation Officer, on *Sex Delinquency Among Girls*, and Mr. A. F. Hyden, County Probation Officer, on *Sex Delinquency Among Boys*.

The Society is planning an active program for the coming year.

Utah: Salt Lake City Holds Institute on Venereal Disease Control.—Under the auspices of the Utah Social Hygiene Association and the Social Protection Committee of the Salt Lake City War Council, an all-day Venereal Disease Control Institute was held on September 25th. Aside from the importance of the Institute itself, significant is the fact that it was the first one of its kind ever to be held in Salt Lake City; and one of the first held in the Far West. Commissioner L. C. Romney was Chairman.

It is apparent that the city has risen to meet and deal with the problem of venereal disease control and that there is a growing realization that this is not merely a wartime problem but a continuing one. The Institute consensus was that Salt Lake City was well on the way to getting the situation in hand. An outstanding theme developed during the sessions was that prevention is far better than cure, and that prevention can best be obtained through the sustained effort and cooperation of the law enforcement officials and the voluntary agencies.

Sessions were held on such subjects as: the significance of the venereal diseases, the problem from the viewpoint of the United States Public Health Service and of the local health department, legal and military aspects of control, police methods of repression and control, recreational facilities for rehabilitation, public and private welfare facilities and medical facilities.

Following the afternoon session the motion picture *To the People of the United States* was shown, and educational literature was displayed and distributed throughout the meeting. Newspaper publicity helped to carry out the informational purpose of the Institute.

The USHA also made the Institute the occasion of its quarterly meeting. All sessions were held in the Tribune-Telegram Building.

Guests contributing to the program were Captain William G. McCreight, VD Control Officer, Kearns Field; Lieut. Col. Austin V. Diebert, United States

Public Health Service Liaison Officer, Ninth Service Command; Doctor Lenwood Smith, Director, Salt Lake City Rapid Treatment Center; Reed E. Betterli, Chief, Salt Lake City Police Department; Karl V. King, Salt Lake City Prosecutor; Major Wayne C. Sims, VD Control Officer, U. S. Army Ninth Service Command; Mrs. Vyvyan M. Parmelee, Social Supervisor, Salt Lake City Rapid Treatment Center; John Larson, Coordinator, Children's Services, State Department of Public Welfare and Doctor Welby W. Bigelow, Director, Bureau of Venereal Disease Control. Doctor J. Z. Davis, Superintendent of the Salt Lake General Hospital acted as presiding officer; the State Health Commissioner, Doctor William M. McKay made the introductory remarks, and the summary of the Institute was made by Elias L. Day, Secretary of the Utah Social Hygiene Association.

PROGRAMS AND PUBLICATIONS—CURRENT AND HISTORICAL—ON SOCIAL HYGIENE IN INDUSTRY

(a partial list)

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Report of the Industrial Section, U. S. Public Health Service, July 1, 1920.
WALTER W. R. MAY.

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Shadow on the Land—Syphilis, Chapter IX. *The Contemporary Scene: Syphilis and the Job*. By Thomas Parran. Reynal & Hitchcock, New York.

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STATE GOVERNMENT, December. *Defense on the VD Front*, Thomas Parran, M.D.
JOURNAL OF SOCIAL HYGIENE, February, Vol. 26, No. 2. *A Syphilis Control Program in Industry*, Carl A. Wilzbach. *Industrial Cooperation in Syphilis Control in New Jersey*, John Hall. *Syphilis in Industry*, Theodore Rosenthal. *Effects of Syphilis on Health and Earning Power*, Alden Lillywhite. *Industrial Plan of the Delta and Pine Land Company of Mississippi*, Oscar Johnston. *Negro Insurance Companies and Syphilis Control*, William George Tyson. *Industrial Anti-Syphilis Programs at Work*.

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April, Vol. 27, No. 4. *Syphilis, Gonorrhea and National Defense Industries*, Walter Clarke. *The Control of the Venereal Diseases among National Defense Workers*, R. A. Vonderlehr. *Protection of Soldiers, Sailors and Workers from Syphilis and Gonorrhea: I. From the Standpoint of the Public Health Officer*, Millard C. Hanson; II. *The Citizen's Part*, Rogers Deakin. *A Layman's View*, Philip R. Mather. *Syphilis and Industry in New Orleans*, George E. Schneider.

December, Vol. 27, No. 9. *Coal Mine Health Meeting*, Eileen McGrath. *Syphilis, the Worker, and National Defense*, Carl A. Wilzbach.

INDUSTRIAL MEDICINE, July. *Venereal Diseases in Industry: A Proposed Plan for Their Control*, Otis L. Anderson.

(Continued on page 132)

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

*Director, Washington Liaison Office,
American Social Hygiene Association*

United States and Other Americas Have Cooperative Educational Program.—New progress in the program to foster closer cultural and educational relations between this country and other American republics is revealed with the signing of agreements between the United States and 11 Latin American countries. The program, administered here by the Inter-American Educational Foundation, an agency of the Office of Inter-American Affairs organized in 1943 for the purpose of strengthening relations between the educators of this country and the Latin American republics, will extend over a three year period.

To date, complete agreements have been entered into with Bolivia, Costa Rica, Guatemala, Haiti, Honduras, Nicaragua, Panama and Peru; partial agreements have been signed by this country with Brazil, Chile and the Dominican Republic; agreements are being negotiated with Ecuador and Paraguay and preliminary discussions have been undertaken with two other American republics. By the end of the current fiscal year, according to Dr. Kenneth Holland, Vice-President of the Inter-American Educational Foundation, agreements will possibly have been negotiated with virtually all the Spanish-American nations.

The program calls for a cooperative exchange of educational information and services of interest to the nations concerned. The United States will send such specialists in education to the other American republics as may be requested by Ministers of Education in those republics, while Latin American educators will come to the United States to place their training and experience at the disposition of school officials here. At the same time, United States scholars will visit Latin-American countries to determine in what manner school programs in the hemisphere may be improved through the exchange of ideas.

Supplementing this exchange of specialists and scholars will be an exchange of teaching materials and visual education aids, including pamphlets, maps, charts, motion pictures and exhibits.

In the initial stages of the program, according to Dr. Holland, the Inter-American Foundation was allocating approximately \$5,000,000 for the work contemplated, while the other American republics were subscribing a like sum. As the program gathered momentum, continued Dr. Holland, the Spanish American countries would assume a greater share of responsibility for the success of the program, while United States responsibility would diminish accordingly.

Canada: Plan for Better Health Among Industrial Workers Progresses.—The Health League of Canada reports that its plan for "health education and medical supervision in Canadian plants" has been endorsed by the Hon. Brooke Claxton, minister of national health and welfare, by the Hon. Humphrey Mitchell, federal minister of labor, and by the Hon. C. D. Howe, minister of munitions and supply.

The plan, developed by the League's Industrial Division in cooperation with the Ontario Department of Health, advises industrialists (1) How to start and operate a medical program for workers. (2) How to improve eating habits of workers and (3) How to maintain health of workers through a practical educational campaign.

It is believed that the plan will fill a real need, and that it will do much toward reducing absenteeism in industry from illness.

For details of the plan address the Health League of Canada at 111 Avenue Road, Toronto, Ontario.

Canada: Junior Chamber of Commerce Appoints New Health Chairman and Adopts Resolutions.—Mr. L. Ralph Landers has been appointed Chairman of the National Health Committee of the Junior Chamber of Commerce of Canada, succeeding Mr. Joseph Lichstein, who is now Director of the Social Hygiene Division of the Health League of Canada. Mr. Landers may be addressed at the Board of Trades Building, Saint John, New Brunswick.

At its ninth Annual Conference at Port Arthur, Province of Ontario, on June 10–11, 1944, the Junior Chamber adopted two important social hygiene resolutions as follows:

1. *A resolution on sex education:*

WHEREAS, venereal diseases have become alarmingly prevalent in Canada, thereby constituting a menace to the present and future welfare of the country.

WHEREAS, there are wide evidences of demoralization of home and family life; and

WHEREAS, there is a widespread ignorance of the place of sex in life and human relationships and of the recognized social standards designed to protect the individual and the family—which contributes to sex delinquency and the spread of venereal disease.

THEREFORE BE IT RESOLVED that this Conference go on record as recommending the following measures for sex enlightenment;

1. That provincial and local educational authorities throughout the Dominion institute a program of instruction in human relations, to be integrated, or correlated, with existing courses in—

Biology	Home Economics
General Science (nature study, botany, zoology, etc.)	Social Studies
Physiology and Hygiene	Literature and Composition
Psychology	Citizenship
	Religious Instruction
	Physical Education

and that such a program be made a part of the curricula for all grades in the elementary and secondary schools and universities.

2. That instruction in the methodology and psychology of teaching human relations be given in all teacher-training institutions; and that short courses in these subjects be provided for in-service teachers, possibly incorporated in courses on health and physical education.

3. That instruction in marriage and family relations be incorporated in the curricula of the theological colleges.

4. That a program of sex education for parents, including information on child and adolescent psychology and home instruction in human relations, should be offered by institutions for adult education, university extension departments, and kindred institutions.

5. That marriage-relations courses, as successfully conducted in many United States and European colleges, be included in the university curricula.

6. It is further recommended that copies of this resolution be forwarded to the Ministers and Deputy Ministers of the Education and Health Departments and Premiers of all provinces, as well as to all interested voluntary and professional associations, including the Federations of Home and School, Canadian Association for Adult Education, and the national and provincial teachers' federations.

2. A resolution regarding prevention of juvenile delinquency:

WHEREAS, there has been a great increase in juvenile delinquency in Canada;

WHEREAS, experience has shown that an even wider prevalence of delinquency may be expected in the period following the war; and

WHEREAS, it is our conviction that preventive effort will bear rich dividends in diverting many offenders, actual and potential, from a life of crime, and in helping them to become loyal, useful citizens.

THEREFORE BE IT RESOLVED that The Junior Chamber of Commerce of Canada urge the Canadian Government and the official and voluntary youth- and child-welfare agencies throughout the Dominion to forthwith devise and embark upon a realistic program of delinquency prevention through the provision of—

- a. reinforced anti-delinquency services, with an adequate program and qualified personnel;
- b. national and local recreational and other leisure-time activities;
- c. child-guidance clinics;
- d. education for marriage and parenthood;
- e. improved housing and city planning;
- f. enforcement of laws to curb neglect of children; and
- g. public- and high-school instruction in human relations (including human biology) and elementary sociology.

AND IT IS RECOMMENDED that copies of this resolution be sent to the following:

The Prime Minister	Women's organizations
The Minister of Justice	Educational Associations and authorities (e.g., teachers' federations)
Provincial Premiers, Attorneys-General, and Ministers of Welfare, Health, and Education, et al.	Home and School Federations and Parent-Teacher Associations
National voluntary welfare agencies	Reconstruction authorities
Churches	Civic administrations.

The Subcommittee at this time reviewed the objectives and program for the past year and recorded cooperation and progress in eight of the nine Canadian Provinces.

Costa Rica: Health Centers Established by Inter-American Cooperative Health Service.—The first of seven health centers being constructed under the Inter-American cooperative health service has gone into operation in Costa Rica.

Located in thriving Turrialba, Costa Rica, the new center is named after Dr. Solon Nunez, Costa Rican Secretary of Public Health. In addition to providing health services for a combined rural and urban population of about 30,000, the center will serve as a model and training school for personnel of the other health centers soon to be ready for operation.

Under an agreement signed recently by the Costa Rican Government and the Institute of Inter-American Affairs, an agency of the

Office of the Coordinator of Inter-American Affairs, the seven health centers will be equipped, staffed and operated under the cooperative health service for one year. Then the Costa Rican Department of Public Health will assume the responsibility for continuing the work.

England: Report of the British Social Hygiene Council.—The Council has recently published its 29th Annual Report for the period October 1, 1943 to October 1, 1944. The organization, which was formerly the National Council for Combating Venereal Diseases, continues to state its aims and objectives as follows:

1. To preserve and strengthen the family as the basic social unit.
2. To promote educative and social measures directed towards the development and control of the racial instinct.
3. To emphasize the responsibility of the community and the individual for preserving or improving by educative and social measures, the quality of future generations.
4. To further social customs which promote a high and equal standard of sex conduct in men and women.
5. To promote the prevention and treatment of venereal diseases by appropriate educative, medical and social measures.
6. To promote the elimination of commercialized vice.
7. To promote the removal of conditions conducing to promiscuity.
8. To cooperate with the various organizations interested in the above subjects with a view to coordinating efforts to secure these ends.

In 1942, at the request of the Minister of Health, and in order to coordinate work with official measures for general health education, certain responsibilities under item 5 relating to education were transferred to the Central Council for Education.

The BSHC's efforts since then have related to social biology and the social implications of venereal diseases. During the past year resources have been concentrated on promoting three of the subjects under review.

Firstly, public enlightenment on population problems and the place of the family in the social structure has been promoted by the production of material, through conferences, and by the provision of speakers to colleges and organizations.

Secondly, much attention has been given to the scientific aspect of the questions of sub-fertility and sterility.

The third problem which has engaged the attention of the Council's special committees has been the serious conditions likely to arise in Europe during the Armistice period. In the social field it was recognized that unless preparatory measures were taken by the United Nations and by each Allied Government there would be grave dangers both in relation to the spread of V.D. and to the revival in traffic in women.

It is to be regretted that lack of space prevents publication in full of the Council's interesting report. We quote, however, a portion of the section relating to the work of the Social Biology Board on Education for Family Life as part of General Education.

"The inculcation in the individual of an adult attitude towards marriage and the family is of paramount importance. This has very far-reaching implications, and can only be secured by a form of education specifically designed to give prestige and status to the idea of the family and home life, as well

as to fit the individual for his, or her, eventual normal role as father, or mother, of a family. It is a primary requirement that those responsible for educational policy should keep in the forefront of their consideration the fact that the family is the biological and social unit of the nation. This applies with no less force to the educational influences brought to bear on the adolescent within the framework of the Youth Organizations. Both here and in adult education, it should be the aim to make popularly available the very large volume of authenticated scientific knowledge appertaining to marriage and family craft, which has not yet been generally exploited."

The work of the Committee on Social Implications of VD is also especially interesting at this time. The purpose of this Committee was stated as follows:

"To consider what social and administrative measures could be promoted during the Armistice period to check the possible relaxation in standards of sex behavior, with the resultant damage to personal health and family life—

- (a) In British and Imperial Forces in this country;
- (b) In British and Imperial Forces in occupied countries;
- (c) Among the civilian population in occupied countries."

The Committee later expressed the following views to the Director European Section of UNRRA.

"It is recognized that medical and preventive measures in relation to VD should form part of the general health and health-education measures adopted by UNRRA for the civil population in occupied countries.

"They believe that some advance publicity, both in relation to traffic in women and the development of the commercial aspect of prostitution, as well as preventive measures against the spread of VD could well be planned and prepared and the material provided and distributed even ahead of the provision of actual facilities for diagnosis and treatment.

"The Committee are most anxious that, in the training of all workers now being prepared to undertake work under UNRRA in recently occupied countries, information and instruction should be included in relation to the problems of traffic in women and commercial prostitution. These are matters which, in the past, have been known to develop acutely in any period of social disorganization, and the large scale break-up of families and migration of labor renders it all the more probable in the period under review."

Officers of the Council for the year reported upon are: President, Sir Walter Langdon-Brown, M.A., M.D., F.R.C.P.; Vice-President, Professor Winifred Cullis, C.B.E., M.A., D.Sc.; Chairman of Executive, Otto May, M.A., M.D., F.R.C.P.; Medical Advisor, Sir Drummond Shiels, M.D., M.B.; Secretary, Mrs. French; Members of the War Executive Committee, Dame Rachel Crowdy, Sir George Elliston, The Lady Emmott, Miss Letitia Fairfield, Mr. G. E. Haynes, Mr. W. McAdam Eccles, Mr. H. E. Norman, Bailie John Stewart, T. E. A. Stowell, Professor James Young, Dr. P. Phillips, Mrs. Schofield Coates, and Dr. West.

Social Biology Board: Chairman, The Rev. J. Leycester King; *Educational Advisory Board:* Chairman, Sir Cyril Norwood; *Chairman of War Executive*, W. L. Sumner; *Psychology Advisory Board:* Chairman, The Rev. J. Leycester King; *Population Advisory Board:* Chairman, Group Captain J. A. Cecil Wright; *Social Implications of Venereal Disease Committee:* Chairman, Dr. Otto May; *Finance and General Purposes Committee:* Chairman, Sir Charles D. Seligman.

The Council Headquarters are at Tavistock House North, Tavistock Square, London, W.C. 1.

The Council's official publication is the magazine *Biology and Human Affairs*, published three times a year. Mrs. Sybil Neville-Rolfe, for many years secretary, has become Honorary Secretary.

PUBLICATIONS RECEIVED

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

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- ANNUAL REPORTS, 1941-42, 1942-43, Federal Security Agency, including the U. S. Public Health Service and the Division of Social Protection, Superintendent of Documents, Washington 25, D. C., 15 cents.
- ANNUAL REPORT OF THE SURGEON GENERAL OF THE U. S. PUBLIC HEALTH SERVICE, 1941-42 and 1942-43. 194 pages. Government Printing Office, Washington, D. C. 25 cents.
- ANNUAL REPORT OF THE UNITED STATES PUBLIC HEALTH SERVICE for the Fiscal Year 1944. Government Printing Office, Washington 25, D. C. 120 pages, 20 cents.
- SWORDS AND PLOWSHARES, *The Indian Army as a Social Force*, by Geoffrey Wheeler, published by The Government of India Information Services, 2633 16th St., N. W., Washington, D. C.

Pamphlets for Professional Workers

- EDUCATION . . . A MIGHTY FORCE! ITS ROLE IN OUR FUTURE. Published by The National Education Association of the United States, 1201 Sixteenth Street, N. W., Washington 6, D. C.
- OUTLINE OF A STATE PROGRAM ON POSTWAR PROBLEMS OF DELINQUENCY AND CRIME WITH SPECIAL REFERENCE TO DEMOBILIZATION, The Council of State Governments, 1313 East 60th St., Chicago 37, Illinois. November 29, 1943.
- SOCIAL SERVICES IN A SOCIAL PROTECTION PROGRAM, Prepared cooperatively by a committee of the Social Case Work Council of National Agencies and the staff of the Social Protection Division of the Federal Security Agency. Approved on December 20, 1944. Mimeographed.
- TODAY'S CHILDREN FOR TOMORROW'S WORLD, A Guide to the Study of the Child from Infancy to Six, prepared by Aline B. Auerbach, Child Study Association of America, 221 West 57th St., New York 19, N. Y.
- THE TREND OF SYPHILIS IN CLEVELAND, OHIO, AS INDICATED BY SEROLOGICAL TESTS ON REGISTRANTS AT PRENATAL CLINICS by Huldah Bancroft, Ph.D. Published by The Joint Social Hygiene Committee of the Academy of Medicine and the Cleveland Health Council, January 15, 1945.

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- SHE LOOKED CLEAN—BUT . . ., Federal Security Agency, Office of Community War Services, Social Protection Division, Washington 25, D. C. A 16 page pamphlet for trade bureaus—taxicabs, hotels, taverns, etc.
- YOUR CHILDREN ARE LEARNING THE "FACTS OF LIFE"—BUT HOW? District of Columbia Social Hygiene Society, 927 15th St., N. W., Washington, D. C.

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- AMERICAN JOURNAL OF PUBLIC HEALTH, January 1945. *Health Programs Under Military Government*, Brig. Gen. James S. Simmons, M.C., F.A.P.H.A., Col. Thomas B. Turner, M.C., F.A.P.H.A., and Col. Ira V. Hiscock, Sn.C., F.A.P.H.A.
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- LADIES' HOME JOURNAL, January 1945. *Chastity and Syphilis*, Mona Gardner.
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 SURVEY GRAPHIC, December 1944. *Health for the Nation*, Michael M. Davis.

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- FAMILY LIFE EDUCATION, January 1945, Monthly Service Bulletin, The American Institute of Family Relations. *Sex Education in Great Britain*.
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 —*What to Teach Teachers in Health*, Henry A. Kran.
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 JOURNAL OF SCHOOL HEALTH (Buffalo), December, 1944. *A Committee Report on Integration of Community Health Education and School Health Education*, S. H. Thompson.
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 NEW YORK TIMES MAGAZINE, January 7, 1945. *A 'Teen-Age Bill of Rights*, Elliot E. Cohen. Ten points framed by the Jewish Board of Guardianism, a child-guidance and delinquency-prevention agency of the New York Federation of Jewish Philanthropies.
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- HOSPITALS (Chicago), December 1944. *Hospital's Role in the Treatment of Venereal Disease*, H. V. Hullerman, M.D.
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- JOURNAL OF THE ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE (London), October, 1944. *Venereal Diseases*, A. H. Harkness.
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- KENTUCKY MEDICAL JOURNAL (Bowling Green), November, 1944. *Use of Penicillin in Treatment of Venereal Diseases and Dermatoses at Fort Knox*, J. C. Slaughter, Jr., M.D.
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- NEW ENGLAND JOURNAL OF MEDICINE (Boston), November 2, 1944. *Penicillin in Sulfonamide-resistant Gonorrhea*, N. S. Scarcella, M.D.
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Current Programs and Publications for Labor-Management Groups

AMERICAN SOCIAL HYGIENE ASSOCIATION, 1790 Broadway, New York 19

Procedure Manual for Organizing Community Industrial Health Committees. Percy Shostac. For social hygiene societies and community groups.

Two manuals for A Program of Education and Action:

Industry vs. VD. For industrial managers, physicians, nurses, etc.

The Trade Unions vs. VD. For labor leaders.

Notes for Talks on Labor and Management against VD. Mimeographed.

Pub. No.

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A-342 **Syphilis, Gonorrhea, and National Defense Industries**, Walter Clarke.

A-348 **Hidden Costs in Industry**—for employers.

A-412 **Coal Mine Health Meeting**, Eileen McGrath. \$2.50 per 100.

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A-443 **Industry's Opportunity**, Walter W. R. May.

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Industrial Hygiene News Letter. Official industrial hygiene activities. Issued monthly. Industrial Hygiene Division, U. S. Public Health Service, Washington 14, D. C.

Manual of Industrial Hygiene and Medical Service in War Industries. Edited by W. M. Gafafer, D.Sc., 1943, W. B. Saunders Co., Philadelphia. \$3.00. 508 p. Chapter XIII. *Venereal Disease Control*. Otis L. Anderson, M.D.

Recommendations to State and Local Health Departments for a Venereal Disease Control Program in Industry. An outline of objectives prepared by the Advisory Committee on the Control of Venereal Diseases in Industry, U. S. Public Health Service, including Otis L. Anderson, M.D., Chairman, Walter Clarke, M.D., Waldemar C. Dreessen, M.D., Emery R. Hayhurst, M.D., and Carl M. Peterson, M.D. Reprinted from *Journal of the American Medical Association*, November 14, 1942.

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Thirty-second Anniversary Number

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WILLIAM FREEMAN SNOW AWARD
FOR DISTINGUISHED SERVICE TO HUMANITY



Presented to

MERRITTE WEBER IRELAND, M.D.
MAJOR GENERAL, UNITED STATES ARMY (*Retired*)

1945

MERRITTE W. IRELAND

... for fifty-four years a member of the United States Army, with forty years of active service as a distinguished member of the Army Medical Corps; recipient of the U. S. Distinguished Service Medal. In these years ...

... a pioneer medical officer at Army outposts in the Far West, the Southwest, the Northwest, and in Cuba and the Philippine Islands ...

... as Chief Surgeon to the American Expeditionary Force in World War I commended by General John J. Pershing for keeping manpower and morale at a high peak of efficiency, particularly through prevention of venereal diseases, justifying General Pershing's pride in commanding overseas and bringing back to America "the cleanest army in the world" ...

... recommended in 1918 by General Pershing for appointment as Surgeon General of the Army, a post he held for thirteen years ...

... responsible during this service for marked development of the educational system of the Medical Department, for development and improvement of Army hospital facilities, for perfection of health advancement of officers and enlisted men, and for the reorganization of the Surgeon General's Office to utilize the experience gained during World War I. The greatly improved care of the wounded in World War II, including early treatment of battle-injured men, with their swift evacuation to Army bases, is due in considerable measure to the education of members of the medical service in the Field Service School at Carlisle Barracks, Pennsylvania, an organization unique in the world. Also responsible for perfection of training in subjects peculiar to Army requirements at the Army Medical Center, where training in the Army medical, dental and veterinary schools is supplemented by clinical training at Walter Reed Hospital ...

... a leader in furthering progress and maintaining standards in the medical profession ...

... a friend, guide and counsel to members of the great family of the Army who may be in need of advice or other aid ...

... through the years, a staunch ally of voluntary social hygiene efforts ...

... now an elder statesman in both Army and civilian life, whose wisdom is a beacon-light for lesser mortals, as his sound judgment is a shield from error ...

... at this milestone in an active and eventful life, the Committee on Awards of the American Social Hygiene Association, on behalf of the nation's workers for human health and welfare,—pays tribute to General Ireland, and presents, as a token of affection and admiration, the 1945 William Freeman Snow Award for Distinguished Service to Humanity.

BIOGRAPHICAL NOTES

MERRITTE WEBER IRELAND—Born May 31, 1867, Columbia City, Indiana. Graduate of Detroit College of Medicine, M.D. (1890).

Jefferson Medical College, M.D. (1891), LL.D. (Honorary), (1919).

Honorary degrees from: University of Michigan, A.M. (1920); Gettysburg College, LL.D. (1922); International Y.M.C.A. College, M.P.E. (1930); Syracuse University, LL.D. (1936); Wayne University, LL.D. (1939).

ARMY RECORD

Assistant Surgeon, U. S. Army, May 4, 1891. Captain Assistant Surgeon, May 4, 1896.

Major Surgeon (temporary), 45th U. S. Infantry, August 17, 1899.

Major Surgeon, U. S. Army, and Major, Medical Corps, August 3, 1903.

Lieutenant-Colonel, May 1, 1911.

Colonel, May 15, 1917.

Brigadier General (temporary), May 19, 1918.

Assistant Surgeon General with rank of Major General (temporary), August 26, 1918.

Surgeon General (Major General), U. S. Army, October 30, 1918 until his retirement, May 31, 1931.

ARMY SERVICE

Before the Spanish-American War, Jefferson Barracks, Missouri; Fort Riley, Kansas; Fort Yates, North Dakota; Fort Apache, Arizona; Fort Logan, Colorado; Fort Stanton, New Mexico; Benicia Barracks, California; and Presidio of San Francisco.

Accompanied field artillery to Port Tampa, Florida; assigned to field hospital and served with General William R. Shafter's expedition to Cuba (1898).

Executive Officer to the Chief Surgeon, Montauk Point, New York; Post Surgeon, Fort Wayne, Michigan.

Major Surgeon, 45th Volunteer Infantry, in the Philippine Insurrection. Appointed Medical Supply Officer for the Philippines, April, 1900.

Assistant in the Office of the Surgeon General, 1902-1912.

Post Surgeon, Fort McKinley, Philippines, 1912-1915.

Post Surgeon, Fort Sam Houston, Texas. Assistant to Chief Surgeon, American Expeditionary Force under General Pershing, 1917. Chief Surgeon, American Expeditionary Force, 1918.

Appointed Surgeon General of the Army by President Woodrow Wilson, October 18, 1918; reappointed by President Warren Harding, 1922; by President Calvin Coolidge, 1926; and by President Herbert Hoover, 1930.

DECORATIONS

United States—Distinguished Service Medal. Great Britain—Companion, Order of the Bath.

France—Commandeur, Legion d'Honneur; and Medaille des Epidemics.

Serbia—Red Cross Silver Medal.

Poland—Polonia Restituta.

PROFESSIONAL AND MEMBERSHIP AFFILIATIONS

National Board of Medical Examiners of the United States.

Central Committee of American Red Cross. Federal Board of Hospitalization.

American Medical Association, Committee on Medical Education and Hospitals.

Association of Military Surgeons of the United States.

Royal College of Surgeons (Edinburgh).

American College of Physicians.

American College of Surgeons (Past President).

Mason (33rd degree); National Sojourners, Committee of 33.

Military Order of the Carabao (Philippines)

Military Order of the World War.

Gorgas Memorial Institute of Tropical Medicine (Secretary).

Army Mutual Aid Association (President and Chairman of the Board of Directors).

District of Columbia Social Hygiene Society (Member of the Board of Directors and Chairman, Social Hygiene Day Committee).

American Social Hygiene Association (Member of the Board of Directors and of the Committee on War Activities).

FAMILY

Married Elizabeth Liggett of Columbia City, Indiana, November 8, 1893.

Son, Colonel Paul Mills Ireland (MC), Army of the United States, in the South Pacific since July, 1943.

Grandsons, Paul Mills Ireland, Jr., Cadet at the United States Military Academy at West Point, and Merritte W., II, a Cadet at New Mexico Military Institute.



THE WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY was established in 1937 by a group of Dr. Snow's friends, signaling the rounding out of the first forty years of his service in social hygiene and public health. At that time a bronze portrait plaque was presented to Dr. Snow and a Committee on Award appointed, with the suggestion that from time to time medal replicas of the plaque might be struck off and presented in recognition of outstanding service in the field of social hygiene.

Previous recipients of the medal have been: in 1938, DR. EDWARD L. KEYES, Past President and now Honorary President of the American Social Hygiene Association; in 1939, SURGEON GENERAL THOMAS PARRAN of the United States Public Health Service; in 1940, JOHN J. PERSHING, General of the Armies; in 1941, MRS. SYBIL NEVILLE-ROLFE, Secretary-General of the British Social Hygiene Council; in 1942, BRIGADIER GENERAL FREDERICK FULLER RUSSELL, of Harvard University School of Public Health; in 1943, DR. RAY LYMAN WILBUR, Chancellor of Stanford University; and in 1944, DR. HUGH S. CUMMING, Director of the Pan American Sanitary Bureau.

(See pages 138-141 for letter from General Pershing as Chairman of the ASHA Committee on Awards, and other details of ceremony presenting the Snow Award to General Ireland)

Journal of Social Hygiene

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MARCH, 1945

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PROMISED VICTORY *

A PROGRESS REPORT ON VENEREAL DISEASE CONTROL

THOMAS PARRAN, M.D.

Surgeon General, U. S. Public Health Service

Thousands of community leaders in towns and cities all over the country are gathered at this time to observe National Social Hygiene Day. To them, I bring deep personal and professional appreciation for the help they are giving in the nation-wide fight against venereal disease.

I wish to pay a special tribute to my colleagues in health departments, in venereal disease clinics and rapid treatment centers—for what I have to say is mainly a report of their problems and their work.

Year in and year out, syphilis and gonorrhea kill, blind and cripple thousands of Americans of all ages, among all classes. These two diseases attack more people each year than smallpox, diphtheria, infantile paralysis, and typhoid fever put together.

* An address given before the Annual Luncheon of the American Social Hygiene Association at Chicago, Illinois, on National Social Hygiene Day, February 7, 1945, and broadcast over the National Broadcasting Company's network.

Naturally, you will want to know about this problem because no soldier at home or overseas, no family in America, is immune to the menace of venereal disease. But it is a menace we need not endure.

We know that syphilis and gonorrhea are dangerous infections—spread by countless local epidemics all over the country. We know that in wartime, these epidemics tend to multiply. Of every million men examined under Selective Service, 45,000 were found to have syphilis. About 200,000 new cases occur in the United States each year, fewer than one-half of which get treatment during the highly-infectious first year of the disease. Gonorrhea attacks from five to ten times as many people annually as syphilis.

The major job in venereal disease control is to find and treat every case in the early infectious stage. A nation-wide campaign with this end in view was made possible by the Venereal Disease Control Law of 1938. Since that time, Federal and State governments consistently have increased appropriations of money for this work.

The American people now are getting dividends from these expenditures—dividends in better health, in less disabling illness. We have built up a nation-wide network of clinics, laboratories, and rapid treatment centers throughout the country. Fine work is being done in 64 rapid treatment centers, backing up the work of 3,700 clinics. Here patients receive the best of modern treatment.

Hundreds of doctors and nurses have been given special training. Public education has been increased. Health departments have made a strong drive to seek out and break the innumerable chains of infection which perpetuate venereal disease in this country. They have been helped by private physicians, welfare agencies, and voluntary organizations.

But it is not enough to cure the patient. Prevention is the urgent task. And prevention is more than a medical or a public health job. Although there are many innocent victims, these diseases are spread chiefly by sexual promiscuity. They would disappear as a natural course if all our people observed strictly the moral code. For this reason, we public health physicians seek the cooperation of all forces—especially the church, the school and the home—which promote higher moral standards and the ideals of healthful living.

As I have said, we began to organize against venereal disease on a national basis before the war. During wartime, the whole effort has been intensified. The American Social Hygiene Association and its affiliated state and local units, composed of leading citizens in nearly every community, have dedicated themselves to strengthening the Nation's attack on venereal disease. The law enforcement agencies—under the leadership of the Social Protection Division, Federal Security Agency—have closed more than 650 redlight districts—thus draining one source of infection.

As a result of this whole effort, we have held the venereal diseases in check up to now—both in the armed forces and in the civil population. Actually, less syphilis was reported during 1944 than in 1940. Syphilis in newborn babies has declined considerably, in some States by as much as forty per cent. Deaths from syphilis as reported by State health officers have declined nearly twenty-five per cent during the past five years.

More cases of gonorrhea have been reported each year during the war—but much of this increase is due to the fact that more patients are coming to the attention of physicians than before the war. Up until 1938, we had no drug to cure gonorrhea. Better public knowledge of the disease, more clinics, and new treatment methods undoubtedly have contributed to the increase in reported cases. For this reason, greater effort on the part of physicians and health officers is needed to bring the disease under control.

Our army has the lowest infection rate of any armed force in any war. This is an unprecedented wartime record. Moreover, Army medical authorities report that the venereal disease rate among our troops overseas is only about two-thirds of the rate in the United States. All of this should be reassuring to everyone who has a son overseas, but it is also a challenge to those of us here at home.

I have said that we have held these infections in check; but this is a negative sort of victory.

At a conference in St. Louis, last fall, attended by nearly a thousand experts from this and other nations, we planned the strategy and tactics for an *offensive* action—designed not merely to hold in check, nor even to control, but to *eradicate* venereal disease! It was the mature conviction of these experts that this can be done.

Science recently has produced miracles in the search for new and better treatment methods. We now have remedies for syphilis and gonorrhea which are efficient, rapid, and safe in their effects. The great promise for the future is in what penicillin and other rapid treatment methods can do.

The Army and the Navy have perfected plans which will ensure that our boys will come home clean. But if these diseases still are widespread in their home communities when our men return, many of our great gains on the health front will have been lost.

The first job is to find a larger proportion of the people who are infected and get them under treatment promptly; not only for their own welfare, but so that they may no longer infect others. Thus we can break the chain of transmission—prevent the spread.

Nearly 30 million will receive blood tests this year, but these must be done even more widely. Such tests should be a part of all medical examinations; should include a routine test before marriage, and a test during each pregnancy. These latter examinations now are compulsory in many states and should be extended across the nation. What has been done in this direction already has lowered greatly the amount of congenital syphilis.

In wartime, the two critical periods for venereal disease control are mobilization and demobilization. During the period of mobilization, millions of young men leave their homes for an utterly different kind of life, in which all previous values must be reappraised. Vast numbers of people migrate to new jobs in strange surroundings. Families are separated; there is tension, confusion, worry. Serious strains are placed upon familiar customs and the values which sustain normal living. Venereal disease spreads more quickly under such circumstances.

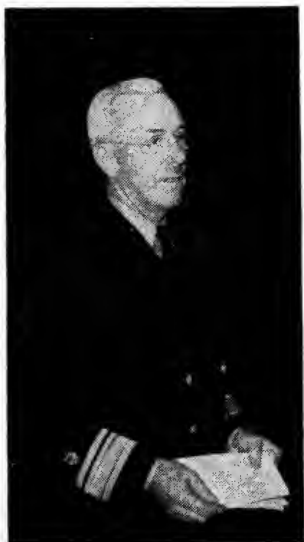
Demobilization marks the second critical period in the control of venereal disease. Again, millions are on the move. There is an inevitable reaction from the tensions of war. Again, this is a time when conditions favor the spread of venereal infection.

Our nation has passed through the first critical period with credit. This has been due to the hard, intelligent, unselfish work of family physicians, of health officers, doctors in clinics and treatment centers, nurses, laboratory technicians, and other health workers. What they have done would not have been possible without the consistent support of good citizens everywhere.

When the fighting stops some problems will be aggravated. We shall need the same—yes, even a greater public health effort. The great question is, “Will the good citizens who everywhere have backed up our war effort be ready to continue their part of the fight?” Upon the answer to this question will depend the future course of venereal infection in this country.

Victory will come sooner if all community forces that strengthen human character join in the fight against venereal disease and the conditions which favor their spread. It will come sooner if our churches, homes and schools maintain and intensify their efforts to fortify family life and to improve human relations. It will come sooner if law enforcement agencies and civic groups strive more vigorously to prevent juvenile delinquency and to rout out unwholesome influences in the community.

Science has given us effective remedies. We have a sound structure of health organizations to use these remedies. But it requires more than science to erect moral bulwarks against infection. The important thing is that venereal disease does not flourish in a wholesome society. The doctor looks beyond his sick patient to the factors which brought about the illness, and tries to remove them. We as a nation must do likewise. If we do this, and if we use fully our medical knowledge, we can stamp out venereal disease in this country. Good health is the promise of America. In our democracy, it is a goal to be sought by all of the people—for all of the people.



SURGEON GENERAL PARRAN
SPEAKING AT CHICAGO ON SOCIAL
HYGIENE DAY, FEBRUARY 7, 1945

JOHN J. PERSHING
WASHINGTON

January 20, 1945

Chancellor Ray Lyman Wilbur
Stanford University, California

Dear Doctor Wilbur:

As you know, I am Chairman this year of the Committee on Awards of the American Social Hygiene Association, which has awarded its Medal for 1945 to Major General Merritte W. Ireland. This is to be presented at the Annual Meeting Luncheon of the Association in Chicago, on February 7th, and, unfortunately, it will not be possible for me to preside. I shall appreciate it, therefore, if you, as a member of our Committee, will be good enough to represent me.

Please express my real regrets that I cannot be present on this occasion to join in honoring my friend, General Ireland. It would afford me particular pleasure to be able to do so, for I have followed his long and distinguished career of public service with the keenest satisfaction.

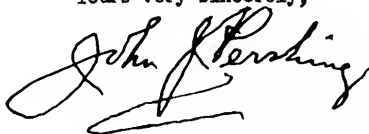
In 1929 I was pleased to write a summary of General Ireland's career for the History of the Medical Department in the First World War. I said in conclusion: "He is abounding in vitality, mental and physical, quick and accurate in decision, and prompt in action once the decision is made. He understands men and knows how to work with them for the common end. He has a thorough knowledge of the organization of the Army and the Medical Department's place in it. He is far-sighted in making plans, and unusually able in administration. He is loyal always, but courageous in promoting sound views and avoiding error. He has an attractive personality and a diplomatic turn of mind, through which he has been able, among other things, to promote in the War Department and in Congress the goal of his ambition, which is to make his department more useful not only to the Army but to the profession in general".

Now, in 1945, Dr. Wilbur, I would like to have you say that I can see no reason to change that statement except by adding that in these years since his retirement General Ireland has served civilian as well as military health and welfare with unabated zeal and statesmanship. And among the most valuable of his distinguished services to humanity has been his promotion of the social hygiene movement.

I have always had a profound sense of the importance of the control of the venereal diseases. It is my fixed opinion that our people can be educated up to such a state of mind on this question that these diseases can be wholly eradicated in this country. We have been most fortunate in having General Ireland's leadership in this field, and the increasing support of the medical, social, legal, and moral forces of our communities.

I thank you for doing this, and wish for you another successful year in the many educational, medical, and war activities with which you are connected.

Yours very sincerely,



PRESENTATION TO MAJOR GENERAL MERRITTE W.
IRELAND OF THE WILLIAM FREEMAN SNOW AWARD
FOR DISTINGUISHED SERVICE TO HUMANITY

For the eighth consecutive year, the annual meeting of the American Social Hygiene Association was the occasion for presentation of the William Freeman Snow Award for Distinguished Service to Humanity. This occurred at the General Session on Wednesday, February 7, in Chicago, with Philip R. Mather, Chairman of the Association's Committee on War Activities and a member of the Board of Directors, presiding. The Award this year was presented to Major General Merritte W. Ireland, U. S. Army (Ret.), also a member of the Board and Committee on War Activities. (See Frontispiece.)

In making the presentation, Mr. Mather read a communication from Dr. Ray Lyman Wilbur, the Association's president, as follows:

Ladies and Gentlemen:

It is my privilege at this meeting to represent General John J. Pershing, Chairman of the Awards Committee of the American Social Hygiene Association, in presenting its Medal to Major General Merritte W. Ireland for Distinguished Service to Humanity. In requesting me to act for him, General Pershing said:

"I regret that I can not be in Chicago on this occasion to honor my friend, General Ireland. I have followed his long and distinguished career of public service in behalf of both military and civilian health and welfare with the greatest satisfaction.

"In 1929 I had occasion to write a summary of General Ireland's career for the *History of the Medical Department in the First World War*. I said in conclusion: 'He is abounding in vitality, mental and physical, quick and accurate in decision, and prompt in action once the decision is made. He understands men and knows how to work with them for the common end. He has a thorough knowledge of the organization of the army and the Medical Department's place in it. He is far-sighted in making plans, and unusually able in administration. He is loyal always, but courageous in promoting sound views and avoiding error. He has an attractive personality and a diplomatic turn of mind, through which he has been able, among other things, to promote in the War Department and in Congress the goal of his ambition, which is to make his department more useful not only to the army but to the profession in general.'

"Now in 1945, Dr. Wilbur, I would like to have you say that I can see no reason to change that statement except by adding that in these years since his retirement General Ireland has served civilian as well as military health and welfare with unabated zeal and statesmanship. Among the most valuable of his distinguished services to humanity has been his promotion of the social hygiene movement.

"I have always had a profound sense of the importance of the control of the venereal diseases. It is my fixed opinion that our people can be educated up to such a state of mind on this question that these diseases can be wholly eradicated in this country. We have been most fortunate in having General Ireland's leadership in this field."

In these words General Pershing has summed up for us the thoughts we all have for General and Mrs. Ireland whom we honor today. They exemplify all that social hygiene stands for in its promotion of successful family life and living for the people of our Nation. Someone once said that expressions of appreciation are merely an indication of a lively sense of favors yet to come. I don't believe that is true; but in this case I think we should stake out our claim on General Ireland for a long series of benefits to come from his continued counsel and inspiration.

It is with great pleasure, General Ireland, that I now hand you the William Freeman Snow Medal for Distinguished Service to Humanity.



RESPONSE OF GENERAL IRELAND

Mr. Mather, Ladies and Gentlemen:

In 1937 when the original dinner inaugurating this award was held, I was invited to preside, and I accepted gladly because besides giving me a chance to show my appreciation of Dr. Snow, it afforded an opportunity to emphasize the value of military and civilian teamwork in combating the venereal diseases and at the same time

promoting the long-range program which is essential to the success of the social hygiene movement as a whole.

I had no idea then that the Award Committee would later include me in the list of recipients of this award. However, I am deeply grateful to General Pershing and the members of his committee, and to the officers and directors of the Association and to the sponsoring agencies of this meeting. To the members of the American Social Hygiene Association I want to say that my opportunities to study and work with people in many lands in many parts of the world both in war and in peace, lead me to the firm conviction that we are on the right track and will succeed. But we must recognize that success, even in attaining our limited objective in the field of public health, involves cooperation and participation of the home, school, church, and social protection agencies as well as legal, medical and public health services.

In other words, our efforts must have a broad base built on health, welfare, legal and moral programs of education and community action; and these programs must secure vigorous and continued public support. The Archbishop of Canterbury said recently, referring to the conquest of the venereal diseases—"this is not a medical problem with a moral aspect, but a moral problem with a medical aspect." This is the view held by General Pershing and by such other great pioneers and leaders of the movement as Prince Morrow, Charles Eliot, Jane Addams, Cardinal Gibbons, and John D. Rockefeller, Jr. In the first World War, General Pershing appealed to our young men for self-discipline and for a recognition of the moral obligation they owed to themselves and their country. He urged them to lead clean lives for their own sakes, and also because through being physically fit to serve in peace or war they promoted national preparedness.

I speak especially of the welfare and moral aspects of social hygiene because this is where programs of action are urgently needed at this time. We have made great progress in the past ten years along medical and public health lines. And especially during this present war period we have seen most encouraging developments in constructive law enforcement and social protection.

The American people are now determined to stamp out syphilis and gonorrhea, as two of our most damaging and dangerous communicable diseases; and at the same time we want to provide social protection for the community and appropriate social hygiene education for our youth. Now, as we go forward to victory in the World War, is the time for us to plan for the postwar period and for development of the constructive program for attaining the long-range objectives of social hygiene in the years of peace which lie ahead.

Mr. Mather, I thank you for this medal. It will remind me of the many years of fellowship and teamwork I have enjoyed while fighting the many-sided battles which have brought us to the present favorable position on this sector of our campaign for human health and welfare.

NEW HONORARY LIFE MEMBERS

As stated by General Pershing in the Report of the Committee on Awards, page 158, five social hygiene leaders were elected this year to Honorary Life Membership in the Association, the awards being conferred in connection with Social Hygiene Day conferences and other meetings in various communities. As in previous years, the citations as given below were printed, with photographs of the recipients, and were distributed at the meetings.

Honorary Life Membership for Dr. BERTHA M. SHAFER, Executive Secretary of the Illinois Social Hygiene League, was presented in the course of the General Session of the Association's Annual Meeting, Chicago, February 7, 1945. Mr. Philip R. Mather made the presentation on behalf of the Committee on Awards.

BERTHA M. SHAFER, A.B., M.D.

What qualifications and training are needed to make a successful social hygiene worker and leader? In Dr. Bertha Shafer's case these things have contributed: The Pine Tree State for her birthplace; a Quaker upbringing to develop a spirited patience and fortitude, with a wide humanity, and to set the signals for a happy marriage and home-life; an academic training begun in a New England woman's college and completed in a progressive western university; medical training at a high-ranking middle-west school, and finally twenty-five years of medical practice, clinic direction, teaching, lecturing, consultation on social hygiene subjects, both medical and general—and an even longer experience in thinking, planning and working for human health and welfare.

The record reads:

Born Bertha Meserve, in Damariscotta, Maine.

Education

Smith College, 1909-10.

University of Utah, 1910-14, graduating as a Bachelor of Arts in 1913 and completing premedical work in 1914.

Rush Medical College, 1914-17, receiving degree as Doctor of Medicine.

Medical Teaching Service

Assistant Instructor of Embryology, 1912-14, University of Utah.

Assistant Instructor of Pathology at Rush Medical College, 1915-16.

Instructor of Dermatology, Rush Medical College, 1919-22.

Instructor in Anatomy Department, University of Illinois, 1919-20.

Assistant Professor Northwestern University Medical College, since 1939.

Medical and Public Health Service

Assistant, Utah State Bacteriologist, 1912-14.

Assistant, Dermatology Department, Rush Medical College, 1918-19.

DR. SHAFER



Assistant, Rush Medical College Syphilis Clinic, 1916-17, and in charge of this Clinic, 1917-18 and 1919-22.

Pathologist, Women's and Children's Hospital, 1917-20, and President of Staff, 1920-22.

In charge of Women's Syphilis Department, Illinois Social Hygiene League, 1920-28, and Chief of Syphilis Department, 1928-32.

Medical Director, Frances Juvenile Home (a home for venereally infected children), 1928-41.

Assistant Director of Venereal Disease Education, Chicago Board of Health, 1938-39.

Special Consultant for the United States Public Health Service since 1938.

Service through Voluntary Social Hygiene Agencies

Dr. Shafer joined the staff of the Illinois Social Hygiene League in 1920.

In addition to serving as Chief of the Syphilis Department as mentioned above her twenty-five years of continuous service includes:

Membership in the League's Board of Directors, 1932-42.

Educational Director since 1938.

Executive Director since 1937.

During these years she has also served at various times as chairman of the social hygiene committees of the Illinois Congress of Parents and Teachers, of the Illinois Federation of Women's Clubs, and has been an advisor regarding the social hygiene programs of numerous other state and community voluntary groups. She has also lectured to all types of groups—young and old, men and women, general and professional. Youth counseling, and premarital and marital counseling have formed a regular part of her contribution to the lives around her.

She is chairman of the American Social Hygiene's Committee on Credentials, and serves on many special committees and projects connected with the national program. She has been chairman of the Chicago Committee on Social Hygiene Day since 1940.

Soon after beginning her medical career Bertha Meserve became the wife of Dr. Leland Charles Shafer, a medical internist whose professional cooperation and championship have been a bulwark through the years for his wife's humanitarian work, as his warm and generous personality has been an integral part in building a strongly knit family life. Without children of their own, the Shafers have brought into their home to complete the family circle three sons, now grown to manhood.

This is only a glimpse of the experience and events that have gone into the busy days and years of an outstanding woman and a fine physician, whose service to social hygiene is only one aspect of the clear expression of a full and useful life.

The Committee on Awards of the American Social Hygiene Association takes pride, in this year 1945, in adding Dr. Shafer's name to the roster of Honorary Life Members.

. . .

At the luncheon meeting of the Philadelphia Social Hygiene Day Committee on February 8, the HONORABLE ALAN JOHNSTONE, General Counsel of the Federal Works Agency, and a member of the Association's Board of Directors, received Honorary Life Membership in the Association, DR. HUBLEY R. OWEN making the presentation.

ALAN JOHNSTONE, A.B., A.M., LL.B.

"1917-19. Appointed by Secretary of War Newton D. Baker and Secretary of the Navy Josephus Daniels as representative of the Section on Vice and Liquor Control, Law Enforcement Division, of the War and Navy Departments Commission on Training Camp Activities. Stationed at Atlanta, Georgia, and assigned to duty of enforcement in Southeast Area under Section 13 of the Draft Act designed to protect soldiers in training from venereal infections."

In Alan Johnstone's official record of social hygiene service this event appears first, but long before that, at home and in school in South Carolina, he was absorbing the social hygiene precepts which helped him to deal successfully with this difficult wartime assignment. Grandfather Job Johnstone, Chancellor and Associate Justice of the South Carolina Supreme Court from 1830 to 1863, must have set a mark for sterling worth to challenge any youth. Alan Johnstone, Senior, beloved head of his huge plantation community; member of the South Carolina legislature from 1907 until his death in 1929; author of progressive labor, educational, tax and farm legislation—added lustre to the tradition which set the pattern for young Alan. As a student at Newberry College and at the University of South Carolina, where he graduated in 1912, and a year later as a graduate student at Harvard Law School, his education was along liberal lines as well as providing specific legal training, and when, aged twenty-three, he set up practice at Columbia, as a full-fledged attorney, he soon gained first hand acquaintance with the causes underlying social hygiene problems. By 1915, during his first term of service in the South Carolina Legislature, he had authored two important bills for human welfare in his state: one, the South Carolina Child Labor Act, and the other an Act for Compulsory Education.

Small wonder that the Secretaries of War and Navy, seeking likely personnel to carry on prostitution repression efforts in Training Camp areas, lost no time in appointing this young Southerner to the region he knew so well and where he had already begun to make his influence felt for good.

After the 1918 Armistice and completion of work under the Training Camp Commission, Mr. Johnstone found social hygiene still holding his attention. Prominent citizens of the City of Baltimore and the State of Maryland, including national medical leaders connected with Johns Hopkins University, desired to undertake a statewide effort for social hygiene education among civilians and law enforcement against prostitution. The Maryland Social Hygiene Society was formed and with Mr. Johnstone as Executive Officer waged a campaign during the years 1920-23, which not only attained in a large measure the objectives sought, but served to other cities and states as a

MR. JOHNSTONE



demonstration of community organization and achievement. Social hygiene played a part also in the work of the Baltimore Criminal Justice Commission, which Mr. Johnstone helped to organize in 1923 and for which he served as executive director until 1929.

A still broader field of service opened when the Baltimore Community Fund called him as Executive Director, an office which he filled for four years. In 1929, on his father's death, the home estate in Newberry requiring his supervision, he took up the general practice of law there.

Mr. Johnstone's services as Director of Emergency Relief for South Carolina in 1932-33, and later as Field Representative for the Federal Emergency Relief Administration and the Civil Works Administration in the Southeastern States, and as field representative at large for the Federal Works Progress Administration, led to appointment in 1937 as counsel to the Special Committee of the United States Senate to Investigate Unemployment and Relief. His service in this respect was a natural prelude to the appointment received in 1939 which he now holds, as general counsel to the Federal Works Agency.

As a member of the legal profession, Mr. Johnstone holds membership in the bars of the states of South Carolina, Georgia, and Maryland, also of the bar of the District Court of the United States for the Eastern and Western Districts of South Carolina, and of the bar of the Supreme Court of the United States.

In 1914 he married Miss Lalla Rook Simmons of Newberry. Of their two daughters, Martha is a student at George Washington University, and Rook (Mrs. Charles Tompkins, Jr.) has presented Mr. and Mrs. Johnstone with two grandchildren — Charles Tompkins III and Rook.

As one of the Association's Board of Directors, and as a member of special committees planning and guiding the legislative and law enforcement program in the states and communities, Mr. Johnstone has given generously of his time and knowledge. Through the years his hard-hitting oratory has challenged many a community to action. An excerpt from a talk before an Atlanta audience in 1943:

"The venereal diseases are spread by prostitution and promiscuity. Men and women who exploit the weakness of their fellows and profit from this filthy business are common outlaws and ought to be stopped in their tracks. Toleration and attempts at regulation have uniformly failed. However pitiful the victims of the traffic, they should be apprehended, treated and cured. We quarantine for smallpox. How foolish to allow carriers of the big pox to roam at large. The human rights and public safety involved in the enforcement of social hygiene laws demand the attention of the best minds in the legal profession and among our public servants. Our police and our courts need the support of an informed and active public opinion. The camp and station commanders need the help of the civilian communities. Soldiers and sailors are precious fighting units. They must not be disabled from community neglect."

The Committee on Awards esteems it a privilege to recognize through the bestowal of Honorary Life Membership in the Association, this splendid record of service.

Her home town of St. Louis was the scene of the presentation of Honorary Life Membership to DR. HARRIET S. CORY, and the occasion was the Annual Meeting and Social Hygiene Day program of the Missouri Social Hygiene Association, of which she is Executive Director. DR. RICHARD S. WEISS, President of the Missouri Association, made the presentation. (See photograph page 152)

HARRIET S. CORY, A.B., M.D.

When Dr. Cory became educational director of the Missouri Social Hygiene Association in 1926, she brought with her an unusual experience in medicine and public health, drawn from many parts of the world.

A native of Vacaville, California, as Harriet Stevens she received her Bachelor of Arts degree at Washington University, St. Louis. For medical training she attended Rush Medical College in Chicago, serving her internship at Cook County Hospital. A year of graduate work in Vienna and London followed. Then came a period of private medical practice studded with trips to other countries.

Through the years of her work in social hygiene, Dr. Cory has continued this coordinated program of hometown service and foreign travel. Her itinerary has so far included sixteen different trips to other countries, with special attention to Latin America, and as far afield as China. In all of these visits she has studied public health conditions, at the same time pursuing her pet hobby—botany.

Her service as educational director for the Missouri Association grew into her present position as executive director some fifteen years ago. Under her direction and with the steady backing of a progressive board of directors, the MSHA has accomplished outstanding work. Some recent achievements for the planning and execution of which Dr. Cory has been directly responsible are:

1939: A new comprehensive city ordinance for VD control in St. Louis.

1941: Sponsorship before the State Legislature of a bill for requirement of examinations of expectant mothers for syphilis.

1943: Sponsorship of a bill providing for pre-marital examinations for syphilis.

(Both these bills were passed by the respective legislatures.)

1943: Social hygiene lectures introduced into the curriculum of the St. Louis schools.

1943: Community wide educational campaign regarding VD control, considered one of the most intensive and complete campaigns attempted anywhere up to that time.

1944: Intensive campaign for VD education throughout St. Louis by means of house-to-house visits, with special attention to Negro education.

Dr. Cory is an accomplished speaker and is in frequent demand outside of her home city and state for conferences and to address

DR. CORY



community and special groups. She frequently accepts assignments of this type on behalf of the national association and is an active participant in the Annual ASHA Conference of Social Hygiene Executives and in Regional Conferences.

She is a lecturer at Washington University in St. Louis, United Service Organization, Principia College, and many other city and state groups.

She is Chairman of the Social Hygiene Committee of the St. Louis Congress of Parent-Teacher Associations; member of the Social Action Committee of the Pilgrim Congregational Church, member of the Health Committee of the Missouri State Council of Defense. She is a member of the Greek-letter societies Kappa Alpha Theta, Phi Beta Kappa, and Alpha Omega Alpha (honorary medical fraternity).

She is the wife of Charles E. Cory, Professor of Philosophy at Washington University and their home is a center for groups who share their wide culture and excellent taste in literature and the other arts as well as in their special fields of education.

The Association's Committee on Awards is pleased to inscribe Dr. Cory's name upon the Honorary Life Membership roll in token of her valued contributions made to social hygiene progress so far and with confident expectation of further cooperation for many years to come.

. . .

DR. PERCY STARR PELOUZE, member of the Association's Board of Directors and well known urologist, was presented with Honorary Life Membership in the Association at the Social Hygiene Day meeting held in Columbia, South Carolina on February 5. Presentation was made by DR. A. C. FLORA, president of the Richmond County Social Hygiene Society.

PERCY STARR PELOUZE, M.D.

When young Doctor Pelouze graduated from Jefferson Medical College in 1902, few physicians were undertaking to treat the stubborn and painful gonorrheal infections which he has made it his life work to combat. Although the disease had afflicted mankind since Bible times, it was only a little over 20 years before Dr. Pelouze began the practice of medicine that Alfred Neisser, in 1879, discovered the germ which we know as the gonococcus. Little, it was thought, could be done towards cure. The most that could be hoped for was to alleviate the patient's acute pain by reducing inflammation, and trust in the natural resistance of the human body to throw off the

DR. PELOUZE



infection without serious consequences. Sometimes this favorable result occurred, sometimes not. The technique of treatment was difficult to master, the spread of infection involved a side of life ordinarily not discussed even between physician and patient, and there were many other medical specialties which offered greater rewards in prestige, fees and grateful patients. Gonorrhea for many years to come was to be "the stepchild of medicine."

Yet this newly fledged M.D. chose, early in his career, this difficult field of therapy, and has kept to it with a singleness of purpose which has put him in the front rank of those who have been willing to sacrifice time, strength and money in the interests of human health. Why? He says:

"I saw some lovely women die from operations on pus tubes while I was interning at St. Barnabas Hospital in Newark, New Jersey, and practicing there from 1903 to 1912. Then I read what the 'scientists' said about gonorrhea in their text-books and became angry, disgusted and determined to do something about it. Then Dr. Hobart Hare got after me and I set sail."

The voyage has been eventful and bids fair so to continue. Graduate education at Johns Hopkins and Harvard Universities in 1912 strengthened Dr. Pelouze's determination "to do something" about gonorrhea. In 1913 he opened an office for the practice of urology in the city of Philadelphia, and for thirty years, from that vantage point, he labored to heal the gonorrheal sick, to pass on to others in the medical and nursing professions what he learned, and generally to attack and circumvent this tricky disease by every possible means.

He has served in many capacities from his earliest days: Cystoscopist at his alma mater, Jefferson Medical College; chief of urologic services, Episcopal Hospital, Philadelphia; consultant to Delaware County Hospital; faculty member of the University of Pennsylvania since 1917 and currently Assistant Professor of Urology. He was the second president of the American Neisserian Medical Society and is now honorary president. He has recorded his wide experience in numerous writings, of which three books, *Gonorrhea in the Male*, published in 1928, *Office Urology* (1940), and *Gonorrhea in the Male and Female* (a third revised edition appeared in 1943) are known wherever medical books are read.

He is a contributor also to other well-known medical volumes and periodicals, and is a member of the Editorial Board of the *Journal of Syphilis, Gonorrhea and Venereal Diseases*, and Associate Editor of the *Cyclopedia of Medicine, Surgery and Specialties*.

With Dr. F. S. Schofield, he received, in 1926, the Alvarenga Prize of the Philadelphia College of Physicians.

He has found time to serve on many special committees for study and report of venereal disease prevention and control. He has seen "the stone which the builders rejected become the head of the corner," in that he has watched the medical profession grow from neglect of his special field to a new consciousness of the importance of pro-

tecting human health from gonorrheal infection and a new knowledge of the possibilities, through modern treatment with sulfa drugs and penicillin, for stamping out this disease.

He saw also, in the rush of the past few years to utilize the new treatments, the dangers of too hasty wholesale adoption of such measures. Physicians and clinic directors, swept away by the great good fortune of being able to halt this age-old infection by a few doses of small white tablets, were inclined less than ever to pay attention to the cases not yielding to this simple medication, and skilled medical care for the unfortunate sulfa-resistant patients was becoming even less available than formerly. Again the crusader in Dr. Pelouze rose to the challenge. Closing his Philadelphia office, and armed with a roving commission from the U. S. Public Health Service, he set forth in April 1942 as a sort of Johnny Appleseed of medicine, and since has been lecturing in Army and Navy hospitals and before medical and nursing groups across the land—the score at last accounts was around 600 talks in 400 places, including the Island of Puerto Rico, before audiences totaling nearly 36,000, including students at 50 medical colleges. And with the talks goes expert demonstration of the “old-fashioned” gentle, skilled treatment which is still necessary for all patients with whom the new therapy has not been successful. Whether or not science eventually perfects modern treatment to 100 per cent efficiency and patient-toleration, such knowledge, Dr. Pelouze believes, will always be useful.

Trail-blazing is an honestly come by quality in Dr. Pelouze's make-up. His great-great-grandfather, Dr. Edward Pelouze, whose own grandfather was born in France, removed from the island of Martinique to practice medicine in Boston and later in North, Charles-town, New Hampshire, where the home he built is still in the family. An Irish grandmother, with a trace of Quaker English, and Dutch, add zest to the racial strain.

Dr. Pelouze married Grace Saddlemire in 1904, and their two children are Ann (Mrs. Thomas F. McClelland) and Ruth (Mrs. Charles Stewart Lynn).

For his numerous and continuous services to social hygiene in all his various roles, including that of membership on the Board of Directors of the National Association, the Committee on Awards takes special pleasure in adding the name of Dr. Percy S. Pelouze to the list of Honorary Life Members.

. . .

The Social Hygiene Day meeting of the Oregon Tuberculosis Association and cooperating groups was the scene of presentation of the Honorary Life Membership to WALTER W. R. MAY, editor and publisher of the Oregon City Enterprise. The presentation was made by ERNEST BOYD MACNAUGHTON.

WALTER W. R. MAY

Someone has said, "Once you work for social hygiene, you work ever after for social hygiene, no matter what your job. . . ." Walter May's career is a case in point. The drama of the campaign against venereal diseases in which he fought during World War I and the postwar days fired his alert mind with a fervor as deep as that of his humanitarian heart for the objectives of what he has called "this work of eternal possibilities for good." Result—for over twenty-five years social hygiene has had the interest and cooperation of a community leader and business man whose success as a newspaper publisher and public relations expert guarantees sound judgment and wise counsel.

These qualities of mind and heart, plus an amazing amount of practical experience for one of his years, Mr. May brought to the job which made him and social hygiene acquainted—a Public Health Service appointment as assistant educational director and liaison officer with the War Department Commission on Training Activities. This was in 1917, as he was about to enter Officers' Training Camp for the Marine Corps Flying Reserve, but it is probable that even that lively unit would have provided no harder-hitting action than that which packed the next few years for the new worker.

The U. S. Congress had just approved establishment within the Public Health Service of the Division of Venereal Diseases, and a definite part of the new Division's program concerned public education regarding these dangerous infections. Educational materials were required, especially to build public awareness and responsibility for backing up Army and Navy efforts, already proved effective in reducing venereal infection and resulting loss of time among fighting men to a new low. Mr. May helped prepare pamphlets, posters, exhibits, promoted their use by state and city health departments and voluntary groups across the country, induced newspapers and magazines to help make the new program known, and was generally a one-man band whose sturdy rhythms echoed on all sides.

In 1919, when the American Social Hygiene Association took over what of the Commission on Training Camp Activities program adapted to peacetime progress, Mr. May's efforts turned towards expanding industrial cooperation.

MR. MAY



His campaign had the active participation of 50,000 firms and plants, which, by literature, posters, films, pay-roll envelope stuffers, shop talks and other recommended methods, were working to improve employee health and cut down VD wastage. Some of the firms have continued these very health programs to date.

Many other interests and responsibilities have claimed Mr. May since then. His

newspaper career, which began in his Indiana home town as a school-boy reporter on the *Terre Haute Gazette*, has taken him through staff and editorial assignments on the *Minneapolis Tribune*, the *Fargo* (North Dakota) *Daily News*, the *Portland Oregonian*, the *Spokane Spokesman Review*, the *New York Daily News* and since 1943 to his status as editor and publisher of the *Oregon City Enterprise*, one of the oldest daily newspapers in the state.

His business experience has ranged from five years as sales manager for the William Zinsser Company in New York City (during this time he studied medicine at Columbia University after hours as he had studied earlier at Reed College, Portland), to ten years as general manager of the Portland Chamber of Commerce and public relations director for the Portland General Electric Company. The advertising business has called him to be president of the Portland Advertising Club, of the Pacific Advertising Federation, and vice-president of the Advertising Federation of America. For more than twenty years he has been active in public and civic affairs in Portland, as chairman or president of many worthy projects and organizations, local, state and regional, and including, of course, since World War II, numerous services in regard to rationing boards, War Loan drives and other wartime needs.

During this varied and busy life Walter May has neither forgotten nor neglected the social hygiene principles he learned and practiced with vigor in earlier days. He has been a continuing member of the American Social Hygiene Association, has served on national committees, has been board member and president of the Oregon Social Hygiene Society, and is actively identified with the present social hygiene program of the Oregon Tuberculosis Association, and the Oregon University Medical School. In a happy marriage to Geraldine Whittaker Haines in 1927, and a deep pride in a young stepson, Captain Robert W. Haines of the Army Air Forces, and in all aspects of his personal existence, he exemplifies a fine type of American life today. The Committee on Awards considers it a privilege to enroll Mr. May among those holding Honorary Life Memberships in the American Social Hygiene Association.

Additional copies of the citations and photographs relating to Honorary Life Memberships and the William Freeman Snow Award may be secured in brochure form from the AMERICAN SOCIAL HYGIENE ASSOCIATION, 1790 Broadway, New York 19, N. Y.



DR. WEISS PRESENTS HONORARY
LIFE MEMBERSHIP TO DR. CORY
AT ANNUAL MEETING OF MIS-
SOURI SOCIAL HYGIENE ASSO-
CIATION IN ST. LOUIS.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION



AWARDS *HONORARY LIFE MEMBERSHIP*

To

Committee on Awards



CERTIFICATE OF AWARD AS PRESENTED TO HONORARY
LIFE MEMBERS

THE THIRTY-SECOND ANNUAL MEETING
(BUSINESS SESSION)
AMERICAN SOCIAL HYGIENE ASSOCIATION
February 7, 1945
Hotel Morrison, Chicago, Illinois

ABSTRACT OF PROCEEDINGS

Pursuant to the call for the meeting, members and delegates met at eleven o'clock in the Hotel Morrison, Chicago. Due to the war situation and necessary limitation of travel, arrangements had been made for attendance only of the officers and members necessary to hold the meeting.

In the absence of the President and Secretary, Dr. Bishop was requested to serve as Chairman and Dr. Snow as Secretary. The Credentials Committee reported a quorum; and stated that the combined membership at the close of the year 1944 was 18,613, representing every State and Territory and one hundred twenty-nine foreign members. Twenty-one states were listed as having above two hundred fifty members and five having above one thousand members.

As a temporary measure it was decided to continue the membership status through 1945 of all members now contributing directly to the National War Fund. It was also agreed that all who have been members continuously for twenty-five years be given the status of voting life members exempt from payment of dues.

A message from President Wilbur was read, and his designation of Association Standing Committees for 1945 was announced as follows:

I. Committee on Credentials

1. Mr. Lawrence Arnstein, Chairman.....San Francisco, Calif.
2. Mrs. S. W. Miller.....Boston, Mass.
3. Miss Margaret L. Flynn.....Louisville, Ky.
4. Dr. Bertha M. Shafer.....Chicago, Ill.
5. Mr. Bailey B. Burritt.....New York, N. Y.

II. Committee on Resolutions

1. Mr. Ray H. Everett, Chairman.....Washington, D. C.
2. Dr. Carl A. Wilzbach.....Cincinnati, Ohio
3. Mrs. Mary D. Ream.....Kansas, City, Mo.
4. Venerable W. F. Bulkley.....Salt Lake City, Utah
5. Dr. Stanley H. Osborn.....Hartford, Conn.

III. Committee on Nominations

1. Dr. A. J. Chesley, Chairman.....Minneapolis, Minn.
2. Mr. George J. Nelbach.....New York, N. Y.
3. Mrs. Charles D. Center.....Atlanta, Ga.
4. Dr. Richard S. Weiss.....St. Louis, Mo.
5. Dr. Milton J. Rosenau.....Chapel Hill, N. C.

The Report of the Board of Directors summarized the transactions of the Board and Committees, presented the budget for 1945 totaling \$380,000 (see p. 156) and asked for approval of the Annual Corporation Report required under the provisions of the New York State non-profit membership corporations law. On motion duly carried these reports and the budget were adopted and ordered filed. The Board presented also for notation and discussion its minutes, reports of the Executive and Finance Committees and other supporting documents. In conclusion the Board commended the staff for excellent and untiring work in behalf of the health and welfare of the military personnel and war workers of America during the past year.

The Chairman of the *Finance Committee*, Mr. Philip R. Mather, presented his report, together with the reports of the Treasurer and the Auditor, and commented on the major items of income and expense for the year. He gave the net worth January 1st, 1944 as \$25,359.07 and December 31st, 1944 as \$37,408.83. The total expenditures for the year were stated to be \$359,591.59* (See page 155.) In conclusion Mr. Mather said "The Committee has no recommendation to present at this time; but believes the members of the Association, as well as the Board of Directors, should have in mind the problems of financing and program which will have to be planned for and met during and after the post-war period. The Committee also desires to express appreciation of the continued friendly and understanding support and cooperation of the National War Fund and the United Service Organizations."

The Report of the General Advisory Committee for this year comprised chiefly references to suggestions and proposals of members of its sections which had been transmitted from time to time to the staff or cooperating official and voluntary agencies. One specific recommendation was presented for action. Dr. Thomas Parran, Chairman, commented on the favorable consideration given by the Executive Committee and the Board to setting up a section of the General Advisory Committee on Inter-American Cooperation in the field of social hygiene. After further discussion approval was voiced for this project.

The Report of the Committee on Awards was received, and ordered published in the JOURNAL OF SOCIAL HYGIENE. (See page 158.)

The Report of the War Activities Committee was likewise ordered to be published because of its general interest for the membership of the Association. (See page 162.)

The Report of the Committee on Resolutions was read, and ordered published as adopted. (See page 158.)

The Committee on Nominations was read and on motion duly seconded was unanimously adopted. (See page 161.)

* Comprising \$333,471.83 paid by the Association plus \$26,119.76 paid directly by other agencies.

In the course of the meeting, Mr. Mather as Chairman of the Finance Committee called attention to the Association's ownership of a small amount of Boston Wharf stock, which had been acquired as part of certain funds held for emergency and reserve purposes without restrictions as to use or sale. Under present circumstances the Finance Committee believed it advisable to sell this stock and make the proceeds available for such use as the Executive Committee may determine. On motion seconded and voted this proposal was approved.

The Secretary of the Association, Mr. Bailey B. Burritt, and Chairman of a Special Committee on Retirement, had sent to the meeting a statement of action of the Board of Directors authorizing the participation of the Association in the newly incorporated non-profit "National Health and Welfare Retirement Association." The members present approved this action.

The Executive Director, Dr. Walter Clarke, had been requested to prepare an annual report of activities in 1944. Copies were distributed, and following discussion publication in the JOURNAL OF SOCIAL HYGIENE was proposed and approved. (See page 164.)

The Chairman of the Executive Committee, Dr. Snow, suggested in view of the necessity for saving paper and man-power, as well as expense at this time, that (1) the publication of reports, illustrations, minutes and discussions be reduced to a minimum of space and (2) only the reports and papers specially requested be published this year. This procedure was recommended to the Editorial Board.

FINANCIAL REPORT FOR 1944

NET WORTH plus adjustments—January 1, 1944.....		\$25,359.07
INCOME—January 1 to December 31, 1944		
Contributions	\$315,279.00	
Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE.....	5,078.17	
Income from books, pamphlets, films, exhibits and other materials.....	24,190.23	
Miscellaneous income.....	974.19	
<i>Total Income for 1944.....</i>		<i>\$345,521.59¹</i>
EXPENSE—January 1 to December 31, 1944		
Public Information and Community Service.....	\$40,837.39	
Legal and Protective Activities.....	13,957.92	
Medical and Public Health Activities.....	11,454.64	
Educational Activities.....	11,487.36	
Field Services.....	64,873.59	
Special Projects.....	113,870.94 ³	
Publications Service.....	35,773.27	
Committee Activities.....	3,510.03	
Administration, Publicity and Promotion.....	37,706.69	
Contingent Fund (all transferred to above items)		
<i>Total Expense for 1944.....</i>		<i>\$333,471.83²</i>
MARGIN OF INCOME OVER EXPENSE FOR 1944.....		\$12,049.76

ASSETS:

Cash including revolving funds and petty cash.....	\$28,929.92
Advances for travel and services.....	5,586.72
Accounts receivable.....	2,528.31
Securities—10 shares Boston Wharf Company stock, estimated value.....	255.00
Deferred expense.....	2,014.56
William Freeman Snow Medal Fund.....	108.88

Total Assets..... \$39,423.39

LIABILITIES:

Accrued Expense.....	2,014.56
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NET WORTH—December 31, 1944..... \$37,408.83

¹ Exclusive of direct payments by cooperating agencies for budgeted items totaling \$26,119.76.

² Paid by the Association, in addition to direct payments of cooperating agencies. (The total expenditures being \$359,591.59.)

³ Including field studies of prostitution and related conditions in states and communities; Youth Service, Social Hygiene Day, Industrial Cooperation, Public Health and Medical projects; Education and Community Action projects.

PROGRAM AND BUDGET FOR 1945**I. Public Information and Community Service**..... \$48,363.05

These activities reach all types of communities and groups in the United States through cooperation with Federal, state and local health and other official agencies and voluntary organizations. Interpretative materials are supplied upon wartime social hygiene problems and approved activities for dealing with conditions which adversely affect the health and welfare of the armed forces, war industrial workers and citizens generally. The monthly *JOURNAL OF SOCIAL HYGIENE* and *SOCIAL HYGIENE NEWS* continue to be the official spokesmen of the Association. The production and distribution of pamphlets, posters, exhibits, films and slides is a responsibility of this service. While most of the material currently being produced goes to the armed forces and to industrial areas, close contact is maintained with state and local social hygiene societies and other cooperating voluntary organizations. New social hygiene societies and committees are given special assistance. An important part of these activities concerns the arranging of meetings and the provision or securing of speakers.

II. Legal and Protective Activities..... \$22,136.60

The repression of prostitution and the reduction of sexual promiscuity are important, not only in programs for preventing the spread of venereal diseases but also in supporting constructive programs for safeguarding the communities and individuals against sex delinquency. Promotion of these activities necessarily continues to be a major responsibility of the Association in aiding the conservation of the nation's manpower both for war and peace.

III. Medical and Public Health Activities..... \$13,511.60

These activities continue along the lines which have been developed in past years and outlined in detail in previous programs and budgets. The new scientific and administrative advances which have been made in these fields are modifying the details of activities; and are greatly increasing the effectiveness and significance of this sector of the Association's work. The staff will continue its participation in the instruction courses for Army, Navy and civilian Venereal Disease Control Officers. All the special assignments of officers and staff members of the Association to Governmental and voluntary agency committees will be continued. Because of the advances being made, increased attention will be required to revision and expansion of professional and popular educational methods and materials in this field of activity.

IV. Educational Activities..... \$4,484.80

Consultant services and the preparation and distribution of educational materials of assistance to youth-serving groups, parents, church personnel and school

authorities will continue to be the major objectives in this field of activity. The new and revised activities recorded under this heading in the past few years will be included.

V. Field Services..... \$71,056.95

The Association's liaison services with the War Department, Navy Department, Public Health Service, Social Protection Division, Office of Education and other Federal agencies in Washington, D. C., and their respective field organizations will be continued and in some instances revised as necessary and increased in volume and character. Service through the Association's Field Offices has been increased by the addition of a Regional Office in San Juan, Puerto Rico.

VI. Special Projects..... \$123,180.00

From the beginning of its organization the Association has carried on many other activities in relation to various cooperating official and voluntary agencies. This policy is so well understood that the enumeration of the principal projects which have been reviewed and revised for continuance during the coming year will serve to indicate the character of these projects without elaboration:

(a) *Coordinator's Project*—dealing with field studies of prostitution and related conditions throughout the United States; (b) *Youth Service*—including extensive services in cooperation with the United Service Organizations and numerous permanent and temporary agencies dealing with constructive, recreational character training and youth protection influences; (c) *Social Hygiene Day*—activities which continue throughout the year and comprise appropriate follow-up programs concerned both with wartime problems and with planning for the post-war period; (d) *Industrial Projects*—in cooperation with labor, management and general civilian interests; (e) *Educational Projects*—in relation to methods of public education and training of personnel, particularly in wartime; (f) *Pharmacy Projects*—in reference to control of venereal diseases and participation in community social hygiene programs; (g) *Appropriations for Special Projects with Cooperating Organizations*—activities, which directly aid wartime venereal disease control and social hygiene programs in selected areas of special value to war and post-war conditions. (These differ from the types of other projects listed in the sense that they are carried out under the direct supervision of affiliated social hygiene or other agencies to which this Association gives assistance in services and small appropriations.)

VII. Publications Service..... \$28,610.00

These services are set up under this heading to keep them separate from the general activities material. For example, large numbers of pamphlets, posters, exhibits, motion picture films and slides are produced and distributed to state and local health authorities and other tax-supported health and welfare agencies, with the expectation that to the extent possible, such organizations will reimburse the Association for the cost of the materials which they receive.

VIII. Committee Activities..... \$5,270.00

In the promotion and guidance of the work of the Association from year to year it has been found effective to make certain expenditures under the direct supervision of the Executive Committee, the Finance Committee, the Membership Committee, Board of Directors, or the General Advisory Committee. The sum allocated for this purpose during the coming year continues to be small because of the continued assistance of the National War Fund in securing support for the war essential activities of the Association.

IX. Administration, Publicity and Promotion..... \$41,019.50

As reported in previous years this item includes necessary administrative expense in carrying on the Association's many and diverse activities, and the related publicity and promotion expenditures. The total of these expenditures is approximately 11 per cent of the whole budget.

X. Contingent Fund..... \$14,367.50

In operating an organization of this character and maintaining its ability rapidly to adjust any details of its program as work progresses, and as emergency

situations are, it is important to have a small sum included in the budget for allotments to unexpected purposes or to unforeseen expansion of specific activities.

The total budget for all purposes..... \$380,000.00

REPORT OF THE COMMITTEE ON AWARDS

To the Members of the American Social Hygiene Association

The Committee on Awards decided this year to select for the award of the "William Freeman Snow Medal for Distinguished Service to Humanity" Major General Merritte W. Ireland, one of the great leaders in this movement, who exercised such vital and constructive influence on the successful programs for control of the venereal diseases, repression of prostitution, and promotion of social hygiene education during and following the first World War. During the post-war period General Ireland continued this influence as Surgeon General of the U. S. Army, and in many capacities of leadership as an officer in civilian agencies, such as the American Medical Association, National Medical Examining Board, and the American Social Hygiene Association.

The Committee felt that as we approach the post-war period of the present World Conflict, we are most fortunate in continuing to have the vigorous, experienced participation and counsel of this wise and understanding leader; and that awarding of the medal at this time to General Ireland would be an appropriate token of our affection and appreciation of his great services.

The selection of members for presentation of Honorary Life Memberships this year was likewise based chiefly upon records of achievement and long pioneering service in the field of social hygiene. It is only necessary to list their names to recall to the minds of members of the Association the devoted work and accomplishments of these leaders in developing and applying the social hygiene programs which are today saving so many millions of man hours for the battle lines at the front, and assembly lines at home. . . . Dr. Harriet S. Cory, St. Louis, Missouri; Mr. Alan Johnstone, Newberry, South Carolina; Mr. Walter W. R. May, Oregon City, Oregon; Dr. Percy S. Pelouze, Philadelphia, Pennsylvania; Dr. Bertha Shafer, Chicago, Illinois.

As in previous years, arrangements have been made for presentation of these awards at a series of regional conferences on Social Hygiene Day, February 7th, or an approximate date. The recipients will be speakers at these conferences.

A year ago, and in earlier reports—particularly in the 1943 report—the Committee commented on the value of the increasing number of records and data being collected for the Committee, and upon the interest in the "Honor Roll" of pioneers published in connection with the Thirtieth Anniversary Meeting, February 1, 1943. The Committee believes that some recognition should be given those who have served as members continuously for twenty-five years or more. It is understood that the Membership Committee has under consideration now some proposal on this matter.

Respectfully submitted,

JOHN J. PERSHING, *Chairman*

SYBIL NEVILLE-ROLFE

RAY LYMAN WILBUR

FREDERICK F. RUSSELL

HUGH S. CUMMING

REPORT OF THE COMMITTEE ON RESOLUTIONS

To the Members of the American Social Hygiene Association:

Functioning as a standing committee for recommendations and resolutions at any time during the year, this Committee has disposed of most questions submitted since the last annual meeting.

One resolution customarily adopted each year reads as follows:

RESOLVED: That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the Officers of this Association hereto-

fore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

The Committee has made inquiry of the Treasurer, the Chairman of the Finance Committee and the Auditor, and recommends adoption of this resolution.

Since the last meeting, the National Health Council's study of Voluntary Health Agencies, made by the late Selskar Gunn and Dr. Philip S. Platt has been completed and is being considered throughout the country. The members of the American Social Hygiene Association and their Board of Directors for many years have done everything possible, in cooperation with other qualified agencies, to promote united action in developing social hygiene programs or special phases of such programs. Encouraging interest is currently being shown in further exploration of such local and state as well as national action leading to maximum efficiency in administration, teamwork and planning for health and welfare of the people. Your Committee, therefore, suggests the extension for the year 1945 of the following resolutions adopted in 1935 and 1936 respectively and reaffirmed for the year 1943:

RESOLVED: That the members of the Association assembled in regular annual session, after due consideration, do hereby authorize the Board of Directors to proceed with further study of relationships with the National Health Council, its member agencies, and other organizations, and to take such actions as may be deemed advisable in promoting the social hygiene movement through improving these relationships, and, if necessary, by revising the organization and administration of this Association, or by any mergers of its activities with those of the other agencies concerned.

BE IT FURTHER RESOLVED: That any or all such actions as may be contemplated, including the sale of equipment and securities, reductions or transfers of personnel, and other revision of plans for conducting the work of the Association to the best advantage, be authorized, irrespective of any action by the National Health Council.

As has been stated in reports of previous Resolutions Committees the files of the JOURNAL OF SOCIAL HYGIENE, which publishes the proceedings of the Annual Meetings, contain many excellently worded resolutions upon every phase of social hygiene policy and programs. Your Committee has reviewed these with regard to forceful statements which are applicable today; and is of the opinion that the Journals are so well indexed and so readily available in the libraries of universities, official and voluntary agencies, that it is unnecessary to reword or readopt them. Similarly there has been publication of resolutions and reports recently passed or adopted by other organizations, which are of current significance to this Association, and which point the direction for more extensive teamwork in 1945. Among these, for example, we cite:

- (1) the resolution adopted by the Federal Council of Churches of Christ in America;
- (2) the series of resolutions adopted in past years by the American Medical Association which represent the present-day views of the medical profession;
- (3) resolutions adopted by the National Labor Organizations;
- (4) resolutions adopted by the International Association of Chiefs of Police and National Sheriffs' Association; National Congress of Parents and Teachers; General Federation of Women's Clubs; National Women's Advisory Committee on Social Protection.

The reports and findings of recent conferences also have taken the form of challenging and helpful summaries and recommendations. Among these are:

- (1) the U. S. Public Health Service Conference on Venereal Disease Control, St. Louis, November 9-11, 1944, in which the Army and Navy among other governmental and voluntary agencies took a prominent part;

(2) the U. S. Office of Education's Conference on Social Hygiene Education;

(3) the Conferences of the Social Protection Division; and

(4) the American Social Hygiene Association's Conferences and follow-up activities, in relation to Juvenile Delinquency, and in relation to increased participation of Negro citizens in the campaign against the venereal diseases and in other social hygiene programs.

The Committee has not attempted to frame specific resolutions based on these concrete evidences of growth and development of the broadening base of support for advances along all fronts of the social hygiene movement in America, but believes it may be desirable to adopt for future reference the following:

RESOLVED: That the American Social Hygiene Association commends the statements and programs of these and other agencies related to the social hygiene field and expresses its desire to cooperate fully in extension of such activities in 1945 and future years.

There are a few matters upon which the Committee considers it of importance to present resolutions at this time for the purpose of recording the Association's views and policies. One of these is the May Act. Another is the Social Protection Division of the U. S. Office of Community War Services. To promote discussion and action the Committee recommends the following resolutions on these two items:

- (1) Since the Federal law entitled "An Act to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy," and commonly known as the May Act, and which was approved July 11, 1941, has been shown by studies made by the American Social Hygiene Association to be of value in the program of protecting the health and morals of the Armed Forces and of civilians where this statute has been invoked; and

Since the law is in itself evidence of the policy of the Federal Government in regard to the repression of prostitution, and has been shown by the Association's studies to have a restraining effect upon exploiters and facilitators of prostitution; and

Since, by statutory limitations, the May Act expires May 15, 1945, unless continued through Congressional action and Presidential approval;

THHEREFORE, BE IT RESOLVED: That it is the conviction of the members and delegates of the American Social Hygiene Association, assembled in annual meeting February 7, 1945, that the May Act should be continued in force;

AND BE IT FURTHER RESOLVED: That this law should be invoked more often and vigorously enforced.

- (2) Because there are strong reasons to support the belief that, in the postwar reconstruction period, the united efforts of national, state and local law enforcement and welfare agencies, both official and voluntary, will be necessary to hold the gains made in wartime against prostitution and allied conditions; and

Because the Social Protection Division of the government's Community War Services, at present a temporary Federal agency, has cooperated in successfully stimulating and encouraging law enforcement and welfare measures, thereby helping to achieve these wartime gains, in states and communities concerned,

THHEREFORE, BE IT RESOLVED: That it is the opinion of the members and delegates of the American Social Hygiene Association assembled in annual meeting February 7, 1945, that there is need now to plan the continuance through some permanent Federal agency of aid,

advice and encouragement to states, and through them, to their local enforcement authorities and welfare agencies who are in a position to combat prostitution and related conditions, and to secure the enforcement of effective laws and ordinances.

FURTHERMORE, BE IT RESOLVED, That it is our opinion that such Federal agency should have the necessary status and resources in funds and personnel, to permit it effectively to work throughout the states, territories, and possessions of the United States.

With reference to other matters which may call for resolutions the Committee desires instructions from the members attending the annual meeting, or subsequently from the Board of Directors, before drafting resolutions for adoption. The Committee is prepared to bring in a supplemental report at this meeting or to report later to the Board on any matters referred to it.

The Committee desires to voice appreciation of the members for the arrangements for this meeting by proposing adoption of the following resolution:

RESOLVED: That the American Social Hygiene Association express to the Chicago Social Hygiene Day Committee, Association of Commerce of Chicago, Chicago Health Department, Cook County Public Health Unit, Committee of Fifteen, Council of Social Agencies of Chicago, Illinois Department of Public Health, Illinois Social Hygiene League, and all the Sponsoring and Cooperating Organizations, its deep appreciation for the planning and carrying out of this excellent Conference on Social Hygiene, the results of which will have an important influence in behalf of better health and welfare during the remainder of the war and in the post-war period.

The Committee feels that it cannot conclude this report without noting the loss of the following pioneers and active workers in behalf of social hygiene objectives: Dr. Claude C. Pierce, Dr. E. F. Kelly, Dr. Edward C. Ernst, Mr. Selskar M. Gunn, Mrs. Thomas A. Storey, Dr. Irving S. Cutter, Mr. Clifford W. Barnes. These members were reported to the Committee with biographical notes during the year for enrollment among the deceased members who have rendered great service in this as well as other fields of human health and welfare.

Respectfully submitted,

RAY H. EVERETT, <i>Chairman</i>	
CARL A. WILZBACH, M.D.	AUGUSTA J. STREET
DOROTHY W. MILLER	RALPH E. WAGER

REPORT OF THE COMMITTEE ON NOMINATIONS

To the Members of the Association:

The report of our Committee, as in previous years, combines a summary of activities during the past year, with recommendations for elections of officers and members of the Board of Directors for the year 1945.

Regarding activities since the last annual meeting, it need be said only that such advice and suggestions on personnel questions, as were required by the Board of Directors and Executive Committee, have been supplied through interviews and participations in meetings, or by correspondence from time to time.

In preparing this report for your consideration, the Committee has given thought to the desirability of securing for service on the Board of Directors or as Officers, men and women well informed and experienced in dealing with problems of the several age groups, racial minorities, labor and management, home, church and school agencies in addition to members representative of the sciences and professions particularly concerned with the field of social hygiene.

The Committee recognizes that the long range constructive programs of education and of social and moral welfare are even more important than the medical, public health, social protection and law enforcement programs which

demand the major share of effort at present. For another year, however, it seems clear that the Association must continue to carry out all its War Service commitments without limitation. This will mean delay in resuming or expanding many of the activities formerly carried on in peace times, and many other activities which have been demonstrated and are now ready for promotion.

Under the circumstances the Committee has decided to recommend incumbent officers and directors and members of Committees who are familiar with the war essential activities of the Association and the problems we must face in the transition from war to peace. We nominate for:

Honorary President: Edward L. Keyes
President: Ray Lyman Wilbur
Vice Presidents: Mrs. Frances Payne Bolton; John H. Stokes;
 Ernest Boyd MacNaughton
Treasurer: Timothy N. Pfeiffer
Secretary: Bailey B. Burritt
Board of Directors: Louis I. Dublin; Ira V. Hiscock; Alan Johnstone; Philip R. Mather; Thomas Parran; William F. Snow; Felix J. Underwood; Mrs. Florence Stewart Kerr; James McCauley Landis; Mary L. Railey

Available for reference are brief biographies of these nominees, all of whom are old friends of the Association and active participants in the social hygiene movement.

Respectfully submitted,

ALAN JOHNSTONE, *Chairman*
 WALTER W. R. MAY HARRIET S. CORY
 JOHN M. SUNDWALL FELIX J. UNDERWOOD

REPORT OF COMMITTEE ON WAR ACTIVITIES

The war-connected activities of the American Social Hygiene Association have continued to employ the full resources of the Association during 1944. These activities, described more fully in the report of the Executive Director, have consisted primarily of:

1. Aid to the armed forces in educational work with Army and Navy personnel supplementing efforts of the War and Navy Departments.
2. Aid to the armed forces and civilian agencies in maintaining the best possible conditions in the environs of Army and Navy posts and stations.
3. Strengthening the services of civilian agencies in maintaining vigorous law enforcement and effective venereal disease control services.
4. Basic studies and services dealing with the problems of sex delinquency arising out of war conditions in civilian communities.
5. Interpreting the Federal policies and programs dealing with social hygiene problems and stimulating and organizing public support for these policies and programs.
6. Preparation to meet the conditions likely to arise in the post-war reconstruction period.

The last named activity is of special concern at present to the Committee on War Activities. If we can judge from our own past history we may expect a decided tendency toward relaxation of law enforcement and venereal disease control following the war. The only force which can prevent such a sag in effort, and the flagrant prostitution conditions and increase in venereal diseases which would result, is strong, organized public opinion, fully convinced that these social hygiene activities are important and desirable in peace time as well as in war. The Association is giving special attention to this subject.

One agency which has contributed greatly to the gains made against prostitution and promiscuity since mobilization began, is the Social Protection Division

of the Federal Security Agency. This Division, however, is a temporary, war-emergency agency, and unless positive action is taken will cease to exist soon after peace is established. In our opinion it is desirable that Federal participation should continue through some appropriate agency in the postwar reconstruction period and in the peace years to follow. Careful attention should be given now to the form and setting of such Federal participation.

Unfortunately, though the venereal disease rate of the armed forces is still low, the record is not as good for 1944 as it was for 1942 and 1943. There are already some signs of relaxation in law enforcement activities against prostitution, and in social, educational, and public health action against promiscuity, the two chief causes of the spread of venereal diseases. There is, therefore, need for heightened effort and for new and more effective approaches to these wartime problems on the part of the Army, Navy, Public Health Service, Social Protection Division, the American Social Hygiene Association, and their regional state and local branches.

Attention is called to the fact that the May Act expires on May 15, 1945. This law has been applied with beneficial results and has had a restraining effect upon prostitution racketeers. To allow the May Act to lapse would, it is believed, give much encouragement to the exploitation of prostitution throughout the country. The Act should be continued and plans for appropriate action are being taken to this end.

The Field Representatives of the Association have maintained close liaison with the armed forces and with civilian agencies in their respective areas. Two undertakings of special interest during 1944, dealing with so-called minority groups, are, first, the establishment of a branch office and Field Representative in Puerto Rico and the Virgin Islands, an area where the gravest social hygiene problems exist; and, second, the inauguration of social hygiene educational institutes for Negro leaders in Southern states. In both undertakings the activities are carried on in close cooperation with the appropriate health authorities—and at their request.

Field and headquarters staff have made remarkable progress in enlisting the cooperation of labor and management of war industries in social hygiene educational and organizational programs, in stimulating cooperation between state and local health authorities and the pharmaceutical profession in wartime educational programs, in encouraging sound social hygiene legislation, in providing materials and advice to school authorities on the subject of education in health and family relations, in stimulating and organizing Social Hygiene Day observance throughout the nation, and in collaborating with and aiding social hygiene societies and many national, state, and local cooperating organizations in war emergency social hygiene activities of all sorts. The JOURNAL OF SOCIAL HYGIENE and the SOCIAL HYGIENE NEWS have reported the war activities of the Association to a large and influential group of readers.

Looking again at problems ahead, the Committee on War Activities is concerned that everything possible be done now to prepare for the readjustment in population which will take place when war industries are discontinued or are converted to peace-time production. The migration of workers will to some extent be reversed and new adjustments in community and family life will be necessary. During this period social hygiene problems are likely to become acute in many places, and it is hoped that the Association's field assistants will be able to provide information and assistance to the health, law enforcement and welfare authorities in meeting these problems.

Plans completed by the Army, Navy and Public Health Service will go far to assure that members of the armed forces returning to civilian status are free from venereal diseases. The Association joins with all agencies in the determination to do everything possible to make certain that our fighting men as they return to their home towns are not threatened by health and moral hazards which it is possible to remove.

Respectfully submitted,

PHILIP R. MATHER,
Chairman

A YEAR OF GREAT PROGRESS

REPORT ON THE WORK OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION 1944

WALTER CLARKE, M.D.

Executive Director

Throughout 1944 a vast, complex, yet largely coordinated nationwide program of action carried forward the fight to stamp out the venereal diseases. The American Social Hygiene Association, a participating service of the National War Fund, played its part in this great campaign, continuing to devote its main energies to the urgent wartime task of helping to protect the armed forces, industrial workers and youth in general from the damaging effects of syphilis and gonorrhea.

As in previous years, teamwork between all interested agencies was the order of the day during 1944. On the national level, an official agreement established early in the war continued to link effectively, defining respective assignments, the venereal disease control activities of the American Social Hygiene Association, the Army, the Navy, the United States Public Health Service, and the Social Protection Division of the Federal Security Agency.

In addition, the Association sought and obtained the cooperation of national voluntary agencies as well as of state and local health and law enforcement authorities, social hygiene societies, social protection committees, and other citizen groups interested in the various aspects of the broad social hygiene program.

There were set-backs in 1944. Yet, broadly speaking, this was a year of achievement, a year of great promise of still more far reaching achievement in the future.

On the debit side, both the Army and Navy have reported that, while venereal disease rates were still relatively low, they showed a marked rise over the previous year when rates were at an all-time low for any war period in history. (It is noteworthy that in the Army this rise is due entirely to an increase in the incidence of gonorrhea. The attack rate of syphilis actually declined.) This increase in the incidence of the venereal diseases was, in one sense, offset by the fact that, due to improvement in methods of treatment, the percentage of ineffective days caused by infection was considerably lower than ever before. Yet this rise in the rate of infection is cause for concern, not only in the Army, but also among those charged with maintaining the health of the civilian population.

On the credit side there is much to record. In the past year there developed an increased awareness on the part of health authorities,

and other groups, of the vital necessity of combating promiscuity in all its forms if we are ever to eradicate syphilis and gonorrhea. It has become generally accepted that the campaign against these infections, if it is to be effective, must have the support not only of medical services, public health and law enforcement, but of all community forces—including home, church and school—which are capable of exerting a healthy influence on the behavior standards of young people.

A good job was done in combating commercialized prostitution. In general, the line was held against this most flagrant, and most damaging, form of promiscuity. Further, public understanding and support, not only of the need for the repression of prostitution, but of all measures needed for the prevention and control of the venereal diseases, has been more widely stimulated and organized than ever before.

Perhaps the most promising, certainly the most dramatic, development of all was the continued advance in methods of treating both syphilis and gonorrhea. In particular, the therapeutic results obtained through the use of penicillin indicate that we may be witnessing one of the greatest advances in therapy in the long history of medicine. If further experience confirms early results, penicillin will indeed be a powerful weapon. Yet, no matter how powerful, no miracles can be expected merely because such a weapon is now at our service. Even penicillin will not win our battle unless it is made generally available and actually applied to infected persons.

In short, new and improved methods of treatment should not lull us into complacency but, by the very promise of their great effectiveness, stir us into still more intensified action. The great need is to increase our activities to mobilize the widest possible sector of responsible community forces in support of all phases of the social hygiene program. It is only in this way, through broad, sustained programs of public education, that it will be possible to make our new medical knowledge work for the benefit of the greatest number of people.

Finally, it may be in order to consider, in our appraisal of where we stand at the end of 1944, the magnitude of the venereal disease problem at least in terms of the latest available statistics. In briefest form, it is this:

The United States Public Health Service estimates that some 3,200,000 persons in the United States have syphilis. At the National Conference on Post-War Venereal Disease Control, held last November in St. Louis, Medical Director J. R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service, reported that:

"It is estimated that about 230,000 new cases of syphilis are being contracted in this country annually. Under existing methods and facilities for case-finding we believe that each year only about three-fourths of these infectious cases are discovered and treated by public clinics, by the armed services, and by private physicians. We believe, further, that less than one-half of those found and treated remain under treatment long enough to insure against infectious relapse."

He also stated that while there is no way of estimating with reasonable accuracy the incidence of gonorrhea, it can be assumed that at a minimum a million persons contract this disease in this country each year.

If viewed only from this bare, statistical viewpoint, it is clear that syphilis and gonorrhea remain a formidable problem, a serious challenge to all our ingenuity, skill and determination. Treacherous enemies, they flare up at the least slackening of vigilance, at the first disturbance in normal living conditions. Under conditions of war, and in the difficult transitional period into peace, they will constantly threaten to rise to epidemic proportions.

Years of experience and hard work—both in the laboratory and in thousands of our American communities—have shown the way to win the fight against these diseases. In 1944, as during its whole history, the Association has backed up this fight. It is determined that, while planning now as it must to meet future problems, there will be no let-down in its continuing wartime program. It has campaigned against the venereal diseases during the whole course of the war; it will sustain this campaign until the war is won.

On the following pages, grouped under the principal divisional headings of the Association's activities, is a factual account of what was done in 1944.

MEDICAL AND PUBLIC HEALTH ACTIVITIES

Probably the most important medical and public health activity of the year has been the guidance of the American Social Hygiene Association and its affiliates along sound medical and public health lines. This is a day-in and day-out function requiring close liaison with health authorities, medical officers of the Army and Navy and the medical, nursing and pharmaceutical professions.

Two medical staff members worked closely during 1944 with the offices of the Surgeons General of the Army and the Navy and visited and conferred with medical officers of the Army Service Command Headquarters and Naval District Headquarters and numerous Army and Navy establishments throughout the United States. By such conferences the services of the Association to the armed forces have been kept on a realistic basis meeting needs known to exist.

Physicians and a nurse on the Association's staff have served as advisers on wartime social hygiene problems, not only to professional groups (physicians, nurses, pharmacists) but also to social hygiene societies and to national, state and local agencies which have referred many problems to the Association for solution. The advisory service to industrial medical departments continued during the year. The services of the Association's physicians as medical advisers by correspondence or personal interviews have been of assistance to many individuals needing help with personal medical problems.

A medical member of the staff continued as a member of the National Research Council Subcommittee on Venereal Diseases, which is advisory to the Surgeons General of the Army, the Navy and the Public Health Service. This Subcommittee has had supervision of the dramatically successful experiments employing penicillin in the treatment of syphilis and gonorrhea. Numerous research projects are under way employing this antibiotic substance in therapy. So far as syphilis and gonorrhea are concerned, it is probable that penicillin will revolutionize treatment and cause vast changes in the medical and public health procedures for the control of these diseases. The Subcommittee has other vital research projects under its supervision, dealing with the diagnosis, treatment and prevention of syphilis, gonorrhea, chaneroid, lymphogranuloma venereum and granuloma inguinale.

A medical staff member served as Consultant to the Secretary of War and in this capacity is a member of the faculty of the Army Medical School in Washington, D. C. Instruction in venereal disease control is given by this physician to medical officers attending the Army School of Tropical Medicine. The same staff member is also Consultant to the Office of Indian Affairs and Consultant to the New York State Department of Health.

Another medical staff member is Consultant to the United States Public Health Service and in that capacity advises regarding the policies and practices of the Service; also as a member of the Government's National Committee on Venereal Diseases which deals with problems of interdepartmental relations, states relations and public policy. The same Consultant serves as a member of the U.S.P.H.S. Advisory Committee on Venereal Disease Education. This Committee advises the Public Health Service on all educational materials dealing with venereal diseases.

The Executive Director of the Association is also Clinical Professor of Public Health Practice at Harvard University and during 1944 gave two courses of instruction totalling 40 class hours in the School of Public Health. In addition to the instruction given in residence, students specializing in venereal disease control were given six weeks' full time clinical and administrative public health instruction in New York City with the cooperation of the New York City Department of Health. The influence of this work extends to health services throughout the United States and since students now come from Latin-American countries, Canada, India and China the opportunity exists to indoctrinate with American ideas and methods future leaders in many parts of the world.

Labor and Management Cooperation

In 1944 the Association increased very considerably its activities aimed at obtaining the cooperation of labor and management in promoting health protective measures in industry. This work was of direct value to the war effort and undoubtedly of considerable importance to the development of the long-range social hygiene program.

The significance of this activity is, in brief, that industries are groups where the dissemination of health information can be direct, where the participation of the group itself can be enlisted and where medical services, including diagnosis and proper advice, can be given. Industry offers an opportunity that is unique—in the civilian population—to reach millions of people in a continuous, organized and effective way.

Under the guidance of the Association's Consultant on Industrial Cooperation, educational work in war industries has been developed along two lines of approach.

The first of these is typified by the Fort Greene Project in Brooklyn where, under the auspices of an Industrial Health Committee established with the assistance of the Association, war workers in the area have been given health information through a regularly issued Health Tabloid, bulletin board posters, lectures, film showings and the organization of shop health committees.

This project is characterized by two special features: first, the broadness of the educational program which includes not only venereal diseases but other health subjects and, second, the comprehensiveness of the sponsorship of and participation in the program not only by labor and management but also by community official and voluntary agencies in numerous fields.

The Association gave leadership to the establishment of this project and provided the basic plan. It assisted in setting up the central organization and in developing the educational materials and techniques. At the present time Dayton, Peoria and New Orleans are giving serious consideration to community industrial health programs similar to the Fort Greene Project.

While there is no doubt about the value of such an undertaking, the Fort Greene Project must still be considered an experiment. Some questions which arise are: Can such projects succeed without the broad leadership supplied by national agencies such as the Association? Can they finance themselves? Neither one of these questions has as yet been completely answered by the experience in Brooklyn.

The second line of development of industrial educational programs has been through direct contact with trade unions and management. As a practical stimulus to action by these groups, the Association completed and issued two manuals entitled *The Trade Unions vs. VD* and *Industry vs. VD*. These outline in detail a 3-point program for organization, education and action to help stamp out syphilis and gonorrhea.

This phase of the industrial program was officially launched at a meeting in the Hotel Pennsylvania, in New York on October 2, held in connection with the Annual Conference of the American Public Health Association. The feature of the meeting was a symposium on *Industry vs. VD* in which representatives of labor, management and public health participated. Attended by several hundred persons

from the fields of labor and management, as well as official and voluntary health agencies, the conference attracted widespread attention to the program. The New York Times had the following editorial comment to make:

"It is good to report that the larger manufacturing companies and some labor unions are doing their best to combat a notion still prevalent that nice people don't talk about syphilis and gonorrhea, that nice people don't have venereal disease, and that nice people should do nothing about preventing them. . . . The educational efforts of industry and of the American Social Hygiene Association should be supported."

More than 9,000 copies of the manuals were distributed by the Association, with the cooperation of state and local health departments, to key labor and management representatives. Particularly valuable assistance in this direction was rendered by the Health Advisory Council of the United States Chamber of Commerce which distributed 2,000 copies of *Industry vs. VD* to its local affiliated chambers.

The Association also approached union members directly through their own publications. A series of seven articles, *Unite Against VD*, has been accepted for publication in more than 70 labor publications with a combined circulation of more than three million. A second series, *Stamp Out VD*, was published in some fifty employee house organs. In addition, articles have appeared in management periodicals and in various professional journals which reach public health workers.

Members of the staff participated in numerous state and national meetings of labor groups, including the national conventions of the CIO and the AF of L.

The tremendous response to this intensified industrial program indicates that, given continued leadership, this country's vast industrial population, both labor and management, can become increasingly important allies in the fight against the venereal diseases.

Pharmacy Cooperation

It is generally recognized that the pharmacist—and there are 60,000 practicing members of this profession in the country—is in a strategic position to disseminate authoritative information about the venereal diseases to the general public. Pharmacists can make an invaluable contribution to the educational campaign against syphilis and gonorrhea. This entails not only a refusal on their part to diagnose and to prescribe and sell remedies for the venereal diseases; on the positive side it involves the directing of inquiries to proper medical sources and the distribution of authoritative health educational material.

The Association's experience in the past year reaffirmed the fact that pharmacists are willing to take part in such a program. Primarily through the stimulation of the Association's Joint Committee with the American Pharmaceutical Association, individual pharma-

cists, and pharmaceutical organizations, continued to support the campaign against the venereal diseases. In this project, the United States Public Health Service has cooperated.

Pharmacists in many parts of the country distributed large quantities of a special leaflet, *A Tip from Your Pharmacist*. Total distribution of this leaflet, since its publication some three years ago, has now reached about 800,000 copies. During 1944 more than six hundred drugstores gave window space to a special educational display prepared by the Association. In all these activities druggists worked closely with state and local health departments. The amount of additional materials obtained from these health departments and distributed by pharmacists cannot be estimated but is undoubtedly large.

Pharmacists all over the country took part in Social Hygiene Day programs during February not only by distributing literature and arranging window displays, but also by speaking on radio forums, at meetings and by serving on community Social Hygiene Day Committees.

Specially noteworthy was the work done by pharmacists in Connecticut where it was voted by the Connecticut Pharmaceutical Association to extend the activities undertaken in Bridgeport to the entire state. Working closely with the Association, the State Health Department and the State War Council, considerable progress was made toward enlisting the support of all of Connecticut's seven hundred drugstores for the educational program.

An outstanding contribution was made in New Jersey where the State Health Department and the State Pharmaceutical Association, in cooperation, provided each of the state's 1,800 drugstores with a counter display card produced by the Association, as well as a supply of literature. In addition several broadcasts of a radio forum, *With These Weapons We Can Win*, in which pharmacists took part, were arranged.

These are the highlights, enumerated in some detail to indicate what can be done if adequate promotion is carried through, and to give some measure of the potentiality of this project.

News releases and special stories were prepared by the Association and placed in many state, regional and national pharmaceutical journals. The Association's Annual Report for 1943, which included an account of pharmacy's contribution to the campaign against the venereal diseases, was sent with a special letter and news release to state pharmaceutical association officials, journal editors, secretaries of state pharmacy boards, and deans of schools of pharmacy.

Field representatives of the Association were invited to talk on social hygiene at the annual meetings of several state pharmaceutical associations. In addition, they were able to interest state and city health officers to supply educational materials for distribution by

pharmacists. Lectures on public health and venereal disease control were given by medical staff members at schools of pharmacy.

Finally, toward the close of the year new display materials for use by pharmacists were produced by the Association. The response to the initial promotion of this material, outstripping by far the interest shown in previous displays, indicates that many years of work and experiment in this project are really bearing abundant fruit. Nineteen hundred forty-five promises to be a year of tremendous progress and results in this important field of action.

LEGAL AND PROTECTIVE ACTIVITIES

Legislation

For many years the Association has acted on the principle that social hygiene laws and regulations, while not an aid in themselves, can be of real assistance to responsible officials, and citizen groups, concerned with the repression of prostitution and the prevention and control of the venereal diseases. Its legal staff, acting on the requests of governmental agencies, and other interested bodies, has had a considerable influence on the enactment, and enforcement, of such legislation.

Since few state legislatures met during 1944, the year was marked by relatively little development along the lines of either passage or strengthening of premarital, prenatal, prostitution and venereal disease legislation. However, since nearly all state legislatures will meet in 1945, there has been considerable activity, of a preparatory nature, by the Association's legal staff members.

Proposed social hygiene legislation for consideration in many states in 1945 has been prepared at the request of interested groups in the various states. A revised edition of the authoritative and definitive *State Legislation Requiring Premarital and Prenatal Examinations for Venereal Disease* was published and given wide distribution. Popular pamphlets on this subject have been published in revised, up-to-date form. New materials, for those thinking about social hygiene legislation in 1945, recently published include *Forms and Principles of State Social Hygiene Laws*; *Twenty Years Progress in Social Hygiene Legislation*, an historical article, and *A Challenge to Community Workers*, on why such laws are needed.*

The Repression of Prostitution

The outstanding fact about prostitution, as reported on for 1944, is that due to alert, enlightened action by the authorities, with the general support of the public, the line was held against this form of commercialized vice. It is undeniable that the Association has contributed materially to the achievement of this result.

The confidential reports and studies of prostitution and sexual promiscuity, made by the Association's staff, have been of great

* These three articles were reprinted from the November, 1944, JOURNAL OF SOCIAL HYGIENE, as Pubs. Nos. A-566, A-567 and A-568.

recognized value to the Army, the Navy, the Public Health Service, the Social Protection Division of the Federal Security Agency and to state and local health and law enforcement officials.

These reports point out specific violations of the laws against prostitution; indicate the places where conditions exist which favor or facilitate promiscuity—commercial or otherwise; describe specifically the methods employed by facilitators of prostitution or promiscuity and identify those engaged in such practices in such a way that law enforcement officials can obtain evidence and proceed against them.

From the reports the appropriate officials obtain information upon which to base definite action to correct conditions which endanger the health and morals of the armed forces, war industrial workers and the public generally.

During 1944 some 659 (542 white and 117 Negro) studies of commercialized prostitution and allied conditions were made in 515 communities in 48 states and the District of Columbia. More than 10,000 copies of reports of the studies were distributed to federal, state and municipal agencies, as well as to voluntary groups interested in effecting remedial measures in cities, towns and villages which members of the armed forces and war workers visited or near which they were located.

It is especially noteworthy that our field observations show that in many places where prostitution formerly was flagrant the exploiters and profiteers of prostitution are maintaining a foothold—perhaps in some legitimate business—and are “sweating out” the war, confidently looking forward in the expectation that they may again be able to carry on their nefarious traffic, if there is any letdown in public interest and enforcement.

Through the efforts of the law enforcement officials throughout the country, the nature of the problem under constant study by the Association's staff has changed considerably since 1939. Then there were many communities in which commercialized prostitution had sprung up and was being openly tolerated and permitted to flourish; now such conditions are exceptional. By the end of 1944 most communities had closed any brothels that existed and cracked down on facilitators of prostitution of all sorts.

In the meantime the problem of “promiscuity not for hire” has remained a serious one and now accounts for a majority of the infections reported by the armed forces. The Association's confidential studies now stress investigation of this type of promiscuity giving special attention to bars, taverns, juke joints, honky-tonks, taxi dance halls and other places where “pick-ups” are made, and to cheap hotels, rooming houses, parks and taxi-cabs where contacts take place.

The sale of liquor to minors or to intoxicated girls and men, solicitations in bars and taverns and other violations of liquor laws or

regulations which may encourage promiscuity are reported not only to the above mentioned officials but to the liquor control boards and to certain self-policing bodies such as the National Brewer's Foundation. The cooperation of these bodies has often resulted in the correction of dangerous conditions.

Two members of the Association's staff serve on the National Advisory Police Committee to the Social Protection Division, thus keeping in close touch with these problems across the country as reflected by this group.

Sex Delinquency in Wartime

Since sexual promiscuity "not for hire" unquestionably remained a serious problem, and at present is the cause of a majority of venereal infections reported by the armed forces, the Association has continued its efforts to gather information which might help to ameliorate this situation.

It seems apparent that the causes of this kind of behavior are deeply embedded in our whole social structure, that they stem from the whole environment of the individual, and are extremely complex. It is hard to determine not only the causes, but even the extent, and whether there has actually been an increase, in sexual promiscuity among young people. To make some preliminary appraisal of the whole matter, the Association undertook, in 1943, a survey of youth problems in wartime. Conducted by an educational consultant to the Association, this survey was completed in 1944 with visits having been made to twenty-seven states.

The study's scope was limited to the following questions: (1) what is the extent of juvenile delinquency relating to social hygiene in the United States, including reported sexual promiscuity in the teen-age groups; and (2) what are communities doing, in a constructive way, to offset or meet such conditions. A preliminary report on the findings was drawn up and, after further study and evaluation, it will be made available to those interested in the general problem.

EDUCATIONAL ACTIVITIES

There can be no question that the long-range, as well as the immediate, objectives of the social hygiene program can be more speedily attained through providing young people, early in their lives, with adequate instruction concerning the venereal diseases as well as with appropriate education and training for happy marriage and family life. The attack on sexual promiscuity, in particular, surely must be reinforced by measures to give proper direction to those early environmental forces which tend to have an enduring influence on the pattern of sex behavior of individuals throughout life.

These are responsibilities which fall primarily within the province of the home, the church and the school. Youth serving and other character moulding agencies also have their contributions to make.

In 1944 the Association continued a wide range of activities designed to assist persons and groups concerned with the education of young people along the above mentioned lines.

In the spring of 1944 an Association staff member was invited to take part in a two-week conference, called jointly by the Alabama State Department of Health and State Department of Education, to develop a program of sex education for public schools. The Association was represented at a Conference in Washington, D. C., held under the auspices of the U. S. Office of Education for the purpose of drawing up a proposed program of social hygiene education for public schools.

During the year the Association met, to the best of its ability, a heavy volume of requests by parents and teachers as well as by youth serving agencies, for films and printed materials suitable for the education of young people in social hygiene. More than 125,000 copies of the popular pamphlet, *Boy Meets Girl in Wartime*, were distributed. New materials were published and widely distributed.

An article, *Why Youth Should Know the Important Facts About VD*, was published in the JOURNAL OF SOCIAL HYGIENE, subsequently reprinted and used extensively by several health agencies in the United States and Canada. A short unit of study, *Some Dangerous Communicable Diseases*, published first in 1943 as a practical answer to the question of what important facts should youth know about VD, was made available in 1944 in two editions: *A Manual for Teachers and Students* and *Handbook for Students*.

It is significant that in hundreds of small high schools the teachers are using these pamphlets as sources of facts which they include in talks to their students and in answering common questions. Over 21,000 copies altogether were distributed in 1944. The most complete report on their use has come from the high schools in Dayton, Ohio; Lexington, Kentucky; and San Diego, California. A mimeographed bulletin, *The Dayton Plan*, has been issued summarizing the work done in that city's high schools.

The National Congress of Parents and Teachers and the National Tuberculosis Association have cooperated extensively in the introduction of these manuals which several hundred competent educators in public health and general education have approved.

During the year several articles have been prepared on the general subject of sex education and were made available, in printed or mimeographed form, to those interested in the question. Among these were *Sex Education in School Programs on Health and Human Relations*, and *Sex Education Integrated in Studies of Health and Human Relations*. A bulletin, *Education and Guidance Concerning Human Sex Relations*, has been submitted for consideration to the Association's Committee on Education and to other advisers, a total of approximately 300 authorities in this field of education.

PUBLIC INFORMATION AND COMMUNITY SERVICE

In general, the purpose of the Association's public information and community services is to give the broadest possible section of the public, as individuals and groups, authoritative facts on all aspects of social hygiene—particularly concerning the venereal diseases, and conditions favoring their spread, upon which the public can take appropriate action. During the war emergency, this activity has been directed most intensively toward areas of military and naval establishments and war industries.

These services function on the principle that in our democracy local, state and federal governments can provide no better health program than the citizens ask for and will support. They are guided by the consideration that, in our democracy, a community can have no better program for the control of venereal diseases, the repression of prostitution, the educating of young people to live full and useful lives than its citizens ask for and will support.

The task, then, is to inform, to educate, to mobilize the people for action on national, state and local levels. The informational work is done through the use of all recognized media of communication—literature, posters, sound films, advertising, the radio, public speeches, press and magazines. In mobilizing and stimulating action, the Association works in cooperation with a wide range of official and voluntary groups and agencies and through its 150 affiliated agencies.

In 1944 many new popular educational materials were produced. Some of these, including those for use in the industrial, legislative and pharmacy projects, have been mentioned in earlier sections of this report. A new sound film, *Our Job to Know*, designed to present the facts about syphilis and gonorrhea primarily to women and girls, was completed. A new set of posters, designed by C. D. Batchelor, well known New York cartoonist, was made available to the Army and Navy.

The Association's popular literature can be broadly classified in two groups: leaflets intended for mass distribution to the general population; longer leaflets and pamphlets directed to community and organizational leaders and professional workers. In both cases priority has been given during the war emergency to the armed forces and war industry. In statistical form, distribution of the Association's various materials in 1944 was as follows:

Pamphlets	1,764,966
Books	2,087
All posters	203,463
Four Batchelor posters	6,293
JOURNAL OF SOCIAL HYGIENE	29,434
SOCIAL HYGIENE NEWS	221,633
Films	464
Exhibits on loan	61

The regular publications, the JOURNAL OF SOCIAL HYGIENE which carries authoritative and timely articles on important aspects of the wartime social hygiene program, and SOCIAL HYGIENE NEWS, which publicizes current events connected with the program, go each month to Army, Navy and Public Health Service venereal disease control officers, representatives of the Social Protection Division, and to many other interested persons, in addition to being received and catalogued for permanent reference in professional and public libraries throughout the country.

The Public Information Service sends news releases to the press on all its activities, and prepares news and feature stories for publication in the press, magazines and the journals of both professional and lay organizations.

During the year the Association either participated in or organized meetings of national significance to the general program.

Of these, first importance must, of course, be attached to the National Conference on Post-war Venereal Disease Control, held in St. Louis, November 9-11, under the sponsorship of the United States Public Health Service. Several staff members took part in sectional discussions and Dr. Snow, Chairman of the Association's Executive Committee, was chairman of the Section on Education and Community Action. This conference surely marked a tremendous forward movement on the road toward eradication of the venereal diseases. It was a step toward consolidation of knowledge and experience in all areas of the venereal disease control program, a tremendous stimulus to accelerated progress in that program. A final report on its findings and recommendations as a whole, including the report of the Section on Education and Community Action, will be published shortly.*

An important contribution to the Conference, and of special interest to workers in the field of education and community service, was a paper, given at the opening general session, by Dr. Ray Lyman Wilbur, president of the Association, and Dr. Richard A. Koch, of the San Francisco Department of Public Health. Entitled *Promiscuity as a Factor in the Spread of Venereal Diseases*,† it opened with the following statement:

"Venereal diseases are one of the greatest preventable human tragedies. The reason we fail to conquer them is our prudery and our failure to face the over-all problems, their causes and background. The sex urge is as fundamental as that of hunger and thirst, and in our sensate society that urge has led to promiscuity.

"Sexual promiscuity is the most vital factor in the spread of venereal diseases. If sexual promiscuity were eliminated from our national life, venereal disease as a natural course would disappear from our state without the necessity of medical intervention. Venereal disease control is concerned inseparably with the physical and social aspects of our national life. It is thus concerned with the moral fiber of the community, the church,

* This report, with several of the principal papers, and digests of others, appeared in the JOURNAL OF SOCIAL HYGIENE, for January, 1945.

† See JOURNAL OF SOCIAL HYGIENE, December, 1944.

the home, and with those factors and agencies, official and unofficial, which strengthen that moral fiber, as well as with those factors that tend to weaken it. We must remember that we cannot control the morals of people by legislation, but we certainly can control the environment of youth. Venereal disease control is, therefore, related to church activity, school activity, parent education programs, youth agencies, recreational activities, law enforcement, protective care of girls and boys, training in leadership, and a long-range public health educational program."

In addition to the *Industry vs. VD* meeting, already mentioned, held in connection with the October Conference of the American Public Health Association, the Association, as an Associate Group of the National Conference of Social Work, arranged a special meeting at the Annual Conference in Cleveland in May. Speakers on the subject, *New Contributions of Powerful Allies to Social Hygiene*, included Percy Shostac, the Association's Consultant on Industrial Cooperation; Dr. Ivor Griffith, president of the American Pharmaceutical Association; and Dr. Paul B. Cornely, Head of Department of Bacteriology, Preventive Medicine and Public Health, Howard University. At this conference Bascom Johnson, Director of the Association's Division of Legal and Protective Services, took part in a panel discussion on *Social Protection Laws and Enforcement*.

In October a meeting of social hygiene society and committee executives was held in New York City. At a luncheon meeting, a comprehensive, up-to-date picture of the general venereal disease control situation was presented by Dr. J. R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service; Eliot Ness, Director, Social Protection Division, Office of Community War Services, and Lt. Colonel Thomas H. Sternberg, Director, Venereal Disease Control Division, Office of the Surgeon General, Army Service Forces.

Social Hygiene Day

National Social Hygiene Day has become, over many years, an increasingly useful occasion for intensifying both current activities and long-range planning on all sectors of the social hygiene front. In 1944, as in previous years, its observance was marked by national, regional, state and community meetings and conferences called for this purpose. Carrying out the theme of the day *Unite Against VD—VD Delays Victory*, thousands of communities throughout the country arranged special activities during the month of February aimed at stimulating year-round community support of the social hygiene program.

The Association was of direct assistance to them through the provision of a kit of program and publicity aids, including leaflets, posters, radio script, news releases, which went to more than three thousand sponsoring groups. Headquarters here also arranged for speakers of national reputation to appear on programs of many meetings.

It is obviously not possible to list all the meetings which were held. It is, however, possible and fitting to mention at least some of the national organizations which contributed materially to the success of the event. These include:

The American Medical Association, the American Pharmaceutical Association, the Federal Council of Churches, the National Congress of Parents and Teachers, the Chamber of Commerce of the United States, the General Federation of Women's Clubs, the United States Junior Chamber of Commerce, the National Student Health Association, Kiwanis International, the National Woman's Christian Temperance Union, the National Society for the Prevention of Blindness, the Association of Junior Leagues of America, the National Organization for Public Health Nursing and the American Dental Association.

An outstanding event of the year was the Annual Dinner Meeting of the Association, held on February 3rd at the New York Academy of Medicine, at which the William Freeman Snow Award for Distinguished Service to Humanity was presented by Major General Merritte W. Ireland, Surgeon General (Retired), United States Army, to Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau. Talks were given by Dr. Ray Lyman Wilbur, President of the Association, who presided at the meeting, and by Dr. Cumming, who spoke on the subject of *Nations United for Health and Welfare in Peace and War*.

A symposium, *Convoying New Methods from Discovery to Established Practice*, was a special feature of the program. This discussion, centering on penicillin, brought together leading experts on this subject. The speakers included:

Dr. John F. Mahoney, Director, Venereal Disease Research Laboratory, U. S. Public Health Service; Rear Admiral Charles S. Stephenson, U.S.N.; Director Mark McCloskey, Office of Community War Services; Rear Admiral E. V. Reed, Chief Surgeon, 3rd Naval District, U.S.N.; Colonel C. M. Watson, Chief Surgeon, 2nd Service Command, U.S.A.; Major General James C. Magee (Retired), National Research Council; Dr. Frank G. Boudreau, Director, Milbank Memorial Fund.

One of the most intensive single efforts made by the Association during this period was the assistance given in arrangements for the Regional Conference on Social Hygiene at San Juan, Puerto Rico, February 9-10, 1944. This came about through an invitation to the Board of Directors of the Association from Governor Rexford G. Tugwell, Health Commissioner Dr. A. Fernos Isern, and Medical Director R. A. Vonderlehr, Director of U. S. Public Health Service District Number 6, to hold a Regional Conference on the Island in observance of Social Hygiene Day.

A senior staff member served as secretary to the Conference, spending four months in Puerto Rico and the Virgin Islands for organization and follow-up of this meeting, which was sponsored by the Puerto Rico Committee on Social Protection with the cooperation of several governmental agencies and 58 insular and community groups. The two-day program, attended by representatives of nine countries, proved an effective means of stimulating interest in the social hygiene program throughout the Island and the Caribbean area. Generous cooperation of the Insular press, which published comprehensive accounts of the addresses and events in English and Spanish, with many photographs, plus carefully planned distribution of the *Conference Proceedings*, published later in the JOURNAL OF SOCIAL HYGIENE and circulated in reprint form through-

out the United States, the other American republics, and the British West Indies extended the influence of this event throughout the year.

As a further service, at the request of official and voluntary agencies and Government authorities, the Association's Executive Committee authorized in July, 1944, the establishment of a regional office in San Juan. One of the Association's experienced and most resourceful field representatives was given this assignment and has been steadily developing cooperative activities through the area.

A feature of the Caribbean Conference was the presentation of Honorary Life Membership to Dr. Fernos Isern and to Dr. Enrique Villela of Mexico.

Cooperation with Negro Organizations

Following a Conference with Negro Leaders on Wartime Problems in Venereal Disease Control, held by the Association in New York in November, 1943, visits were made in 1943 and 1944 by Association representatives to a number of the larger centers of New England, the Middle West and South to stimulate the interest of key national and regional agencies, both Negro and white, in the program agreed to at the November Conference. The result of this preliminary survey of opinion, and willingness to cooperate, was a realization that the major task ahead was to translate the interest on the part of national leaders and Federal agencies into understanding and participation at the local level.

As a part of its contribution to this task, the Association has held a series of small conferences with such groups as Negro life insurance officials, clergymen, educators, nurses and publishers, and has assigned a field representative to accumulate material on various local programs already in action. It was learned by this study that to an increasing degree communities with large Negro populations are developing venereal disease control programs including the effective participation of Negroes, as individuals and as representatives of Negro organizations.

While it is felt that at this time the range of experience gained is not sufficient to determine how widely applicable any of these programs may be, it is hoped that eventually there will be a sufficient number of such programs and that they will have continued long enough to permit a critical evaluation in terms of both results and procedures.

After completing this preliminary survey, the field representatives spent several months, up to the end of 1944, organizing, in cooperation with state and local authorities, a series of Social Hygiene Institutes. The purpose of these institutes, which are planned for communities in the west, southwest, and south, is to provide a means of educating Negro leadership in all the phases of social hygiene work.

A further project aimed at securing the participation of Negro organizations in the venereal disease control program, started in Texas in 1943 under the direction of the field representative in

that area, has continued throughout 1944. A Negro health educator, acting as field educational assistant, organized and carried through a series of meetings and conferences on social hygiene in the states of Oklahoma, Arkansas and Louisiana. Working closely with health officials and school authorities, the purpose of this project was to establish permanent local social hygiene units.

Meetings were held in churches, on front porches of homes, in school buildings, at USO's, in the offices of business and professional people. Through the medium of films, lectures and pamphlets, seeking the cooperation of all community forces, including home, church and school, these meetings were designed to promote the whole social hygiene program, and to arouse the whole community in support of its general health and welfare.

FIELD SERVICES

As a practical step toward helping to cope with the many complex, unsettling situations arising from inevitable wartime dislocations in normal life, particularly adjacent to military, naval and war industry areas, the Association in 1943 set up field offices in strategic parts of the country. In charge of experienced workers, these offices were maintained throughout 1944 in each of the Army Service Commands, with the exception of the First, which is served directly from national headquarters.

The primary assignment of these field representatives is to cooperate, along whatever lines the immediate situation demands, with the armed forces, civilian authorities, and citizen groups in promoting efficient venereal disease control measures. It is their job to promote, in the field, all phases of the Association's broad social hygiene program. Their first efforts are directed at the solution of problems affecting the manpower needs and protection of the armed forces and industry.

Most activities of the Association discussed in earlier sections of the report—such as education, pharmacy and industrial cooperation, community service and public information—were carried out or guided in the field through stimulation and recommendations by these special representatives.

They have been able, in consultation with Army and Navy medical officers, to assist in the development of venereal disease education programs for enlisted men as well as for specially trained personnel. On request, they have assisted in establishing liaison between military and civilian authorities concerned with the control of the venereal diseases. In many instances they have taken part in, as well as helped to arrange, conferences covering whole service commands in which Army, Navy, Public Health Service and Social Protection Division regional representatives discussed questions of technique, objectives, joint approach to various problems, relationships and programs of action. They have been instrumental in organizing community-wide programs of intensive public education,

helped to form new social hygiene societies and committees, to strengthen established ones.

In general, the Association's field representatives, roving trouble shooters, well informed on all phases of social hygiene, have done a big and useful job in strengthening the national campaign against the venereal diseases.

Washington Liaison Office

This office of the American Social Hygiene Association, established in 1941 on a year-round basis, with a full-time representative and staff, in order to furnish regular liaison with Federal agencies and various national voluntary organizations with headquarters in Washington, was maintained at full strength throughout 1944. The office also serves temporarily as editorial headquarters for the JOURNAL OF SOCIAL HYGIENE and SOCIAL HYGIENE NEWS, the representative in charge being editor of both these publications.

In addition to continuous liaison service, this office carries through many special projects. Examples of such activities in 1944 are: assistance in preparation of the manual, *Meet Your Enemy—VD*, published by the Women's National Advisory Committee on Social Protection, of which the Director of the Liaison Office is a member; cooperation, jointly with the Social Hygiene Society of the District of Columbia, and the War Department's Civilian Medical Division in planning and carrying out an educational program for 60,000 girl civilian employees of the War Department. The project involved selection and provision of a considerable quantity of educational films and literature. The Director of the Liaison Office is a member of the War Department Advisory Council to the Women's Interests Section, Bureau of Public Relations.

Aside from its service as liaison between the Association's national headquarters and administrative units of Army, Navy, Public Health Service and Social Protection Division, the Washington office maintains contact with numerous other Federal agencies, including:

The U. S. Children's Bureau; U. S. Department of Labor; United Nations Relief and Rehabilitation Administration; Office of War Information; Office of Inter-American Affairs and Institute of Inter-American Affairs; the National Archives; the U. S. Office of Education and the Federal Bureau of Investigation.

Liaison with national voluntary organizations having headquarters in Washington includes:

General Commission on Army and Navy Chaplains; National Council of Catholic Men; American Association for Health, Physical Education and Recreation; National Student Health Association; National Education Association; American Home Economics Association; Council of State Governments; Chamber of Commerce of the United States of America; International Association of Chiefs of Police; American National Red Cross; American Pharmaceutical Association; National Catholic Welfare Conference; National Conference of Catholic Charities; American Association of University Women; American Medical Women's Association; General Federation of Women's Clubs; National Association College Women; National Council of Catholic Women; National Council of Negro Women, Inc.; National Catholic Community Service; National Student Federation; Pan American Union; Pan American Sanitary Bureau; and the American Legion.

CONCLUSION

In his address at the great St. Louis Conference, Dr. Heller said, in reference to the report that will be issued as a statement on the findings of the Conference: "This final report will, we hope, provide the blueprint for the venereal disease control program of tomorrow, and the death warrant for syphilis and gonorrhea in the United States."

The events of 1944 indicated that that goal, the final eradication of the venereal diseases as a public health problem, can be achieved in the foreseeable future. In looking forward to the days immediately ahead there are some specific problems that must be met if we are to continue to move forward toward that end.

The prostitution racket was successfully repressed during World War I, just as it has been during the past few years. Then, as now, this was primarily the result of action by state and local enforcement officials, stimulated in many instances by the Federal government and the American Social Hygiene Association. Then, as now, action was taken as a patriotic wartime duty to protect the armed forces and war workers, but without full understanding of the importance of such measures to health and welfare in peace as well as in wartime. Following World War I, there was a general relaxation of effort and in many places prostitution conditions again became flagrant.

A vast and generally effective plan of venereal disease case-finding is in operation at present. It is based on information obtained by the Army and Navy regarding contacts of infected men. This information is confidentially transmitted to the civil health authorities who find and bring under treatment a great number of infectious contacts. But when the 10,000,000 young men of the Army and Navy, or a large number of them, are demobilized and return to civilian life, the case-finding service will diminish proportionately unless there is developed in advance an equally productive method of case-finding among civilians.

A great decrease in case-finding work would mean that many infectious cases would remain undiscovered and untreated and would continue to spread disease. To meet this situation, the services and personnel of local health departments must be strengthened, educational activities must be intensified and case-finding work in hospitals, clinics, and all sorts of appropriate medical services must be increased.

To maintain and extend present gains, we must make sure that (1) Federal aid to the States is not seriously reduced after the war; (2) public opinion is aroused and organized to support all measures essential to the program, including the repression of commercialized prostitution, the establishment of adequate and easily available diagnostic and treatment facilities; (3) improved case-finding and educational programs are provided in the civilian population in order to reach and persuade all infected persons to seek diagnosis and treatment.

Opportunities for wholesome leisure-time and recreational activities must be extended. The work of the character-building agencies should be broadened and made available to more and more young people. The public and the private social service agencies must be prepared to offer increasingly their preventive and protective services. The accomplishment of these ends requires the coordinated planning and action of welfare agencies, officials and citizen groups.

All agencies in the community must join with home, church and school in educating and influencing individual conduct, so that sex endowment, like other mental and physical attributes, may contribute more fully to personality development and successful living, at the same time conserving society's welfare.

Public opinion must also be molded to approve and support social and economic conditions which will permit the average individual to achieve normal adolescence, satisfactory marriage, and wholesome family life and parenthood.

There is no valid conflict of interest or program in joint action to achieve all these objectives. Indeed, the medical, public health and law enforcement programs cannot succeed without success also in the moral, social and educational programs which are so closely related.

During this war tremendous social hygiene gains have been made. Millions of young men have been kept disease-free to fight for the freedom of our country. Is it not just as important, if not more so, for them to be kept disease-free after they return to their homes and families? They have a right to demand communities in which they and their families can live safe and wholesome lives. It is our responsibility to do all within our power permanently to assure such communities throughout America.

Now—as then—Good Health Policy

“It is not necessary for me to say that a great number of the defects mentioned are easily corrected. The fact that they were not corrected diminishes the man's economic value and, in a very material way, lessens his happiness in life. Nor is it necessary to point out the measures which could be taken for their correction. Suffice it to say that the physical examination of our children in public school and their supervision by health officers while in school; civilian training camps where the young men undergo careful physical survey; encouragement in life extension work, which includes the periodic examination of all people after they have reached the age of 40; and general education of the public with reference to the venereal diseases stand among the important measures.”

Excerpt from *Physical Defects Discovered in Selective Draft Men during the World War*, by Major General Merritte W. Ireland, (MC), U.S.A. *Journal of the American Medical Association*, November 4, 1922, Vol. 79, pp. 1579-81.

THE COMMUNITIES RESPOND TO THE CALL TO SOCIAL HYGIENE DAY

ELEANOR SHENEHON

*Director, Division of Community Service
American Social Hygiene Association*



In the course of any complex long-term operation it is essential that a regular time be set for reconnaissance and an interim review of progress: Where does the front line now stand? What is the next objective or series of objectives? What is the battle plan and do earlier conceptions of that plan need to be modified in view of recent developments? Are we holding firm on defensive sectors and what are the threats to their stability? Has the line been pushed back at any point by counter-offensives? Would victory be advanced by the opening of new fronts? Carefully considered objectives are stable things—the battle for them is fluid.

The time set for annual reviews of progress along the social hygiene front is Social Hygiene Day in February, another observance of which has just been carried on in communities across the country. During this period the questions raised above, translated into social hygiene terms, have been discussed in meetings and over the air and in the press. While these discussions necessarily differed somewhat from one community and State to the next as current home-town problems might require, in all of them are emphasized certain common factors that dominate our planning and thinking at the present time. Among these:

Treatment for both syphilis and gonorrhea, once a long, difficult process, has been tremendously speeded up by a series of brilliant scientific advances, particularly in the field of chemotherapy, but there is still ahead of us the task of bringing this new knowledge to bear on the total problem. . . .

There is an apparent increase in the number of new cases of gonorrhea. . . .

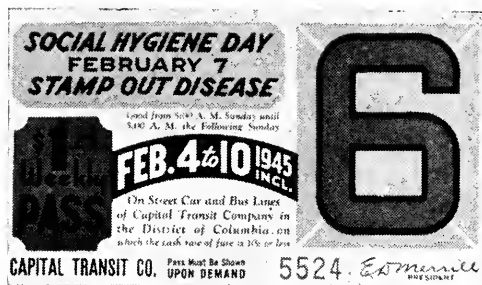
New infections with both syphilis and gonorrhea in the young age group—and reinfections—highlight the urgent need for more effective public information, and programs by the educational and character building agencies. . . .

Prostitution has been rigorously repressed during the wartime years but there are cracks in the dyke here and there—the watch must be eternally maintained lest the protective wall be breached and the whole program threatened. . . .

Perhaps the most serious of all these problems—and the basic factor in their solution—lies in the field of sex character education for young people: how can we help them to learn to live happy and effective lives as men and women—husbands and wives—fathers and mothers? Every one who has thought seriously about this question is convinced that the social hygiene movement needs above all else the constructive activity of religious leaders and of educators, as well as of thoughtful and informed parents. Sex character is a part—perhaps the most important part—of total character. Sound morals are still, as ever, the foundation stone on which human life is built. No thinking about our problems—on Social Hygiene Day or any other day in the year—can evade that basic issue. That groups meeting together on this latest Social Hygiene Day gave their serious consideration to constructive measures is good evidence of the wisdom which guided the sponsoring agencies in their planning.

In past years the March issue of the JOURNAL has presented extended and detailed descriptions of programs of the larger Social Hygiene Day meetings. This year wartime shortages of paper and labor make it necessary to omit or condense greatly most of the material for this part of the report. Recent issues of the SOCIAL HYGIENE NEWS have carried brief words of these conferences. Some of these, and a few on which reports have later arrived, are mentioned here:

The interesting panel on *Post-War Marriage Adjustments* sponsored by the Cincinnati Social Hygiene Society at its luncheon meeting of February 7th; . . . the Dayton Social Hygiene Association's meeting of February 9th; Toledo's dinner meeting of February 23rd, where a report on findings in a study of social hygiene conditions was presented under the title *Toledo Looks at Itself*, surely an appropriate Social Hygiene Day activity. . . . Philadelphia gave thought to *The Problems of Human Relations* as presented by Doctor John H. Stokes, Director of the Institute for the Control of Syphilis of the University of Pennsylvania at its all day program of February 8th—a long look at the greatest of human problems. . . . The Indianapolis Social Hygiene Association brought together representatives of business and industry at its Social Hygiene Day meeting of February 7th for a discussion of their joint contribution to the common cause. Decatur, Illinois, held a luncheon meeting sponsored by the Council of Social Agencies. . . . Several Virginia cities put on week-long or month-long observances—Lynchburg, Danville, Richmond. . . . The San Diego Social Hygiene Association held its annual meeting on Social Hygiene Day, with a panel discussion on the mental, moral, and physical aspects of the social hygiene program. . . . Oklahoma City held its meeting on February 7th with a forum on *Social Legislation*. The Missouri Social Hygiene Association's February 7th program was its annual meeting and took the form of a *Rehearsal for a Broadcast* on its area project, an actual door-to-door campaign of social hygiene education. (This society has its own weekly time on the air.) Chester, Pennsylvania, devoted its Social Hygiene Day program on February 7th to the subject of *Labor and Management Co-operating in the Fight Against Venereal Diseases*. The Kentucky Social Hygiene Association's meeting on February 21st served to dedicate the new Kentucky Rapid Treatment Center, with the Governor of the State and a large audience in attendance. The State of Washington, under the leadership of the Washington State Social Hygiene Association had programs in a whole series of cities during *Social Hygiene Month*: Bellingham, Bremerton, Seattle, Olympia, Spokane, Tacoma, Vancouver, Walla Walla, and Yakima. Honolulu and Hilo in Hawaii joined the mainland in the observance of Social Hygiene Day, as did the mellifluously named cities of Puerto Rico: Aguadilla, Caguas, Mayaguez, Ponce and San Juan.



IN WASHINGTON, D. C., 211,000 WEEKLY
 STREET-CAR AND BUS PASSES FEAT-
 URED SOCIAL HYGIENE DAY.



SOUTH CAROLINA'S GOVERNOR RANSOME J. WILLIAMS SIGNS
 SOCIAL HYGIENE DAY PROCLAMATION

Watching are (left to right) Miss Emma Davis, Co-chairman, Social Hygiene Day Committee for Richland County; Joel J. Marshall, member of the Social Protection Committee; A. C. Flora, president of the Richland County Social Hygiene Society and Mrs. Jules Bank, chairman, Richland County Social Hygiene Committee.

The names of American cities and towns are beautiful names—listen to a few of them that joined with the rest of us in celebrating Social Hygiene Day:

Petaluma, Pueblo, La Junta, St. Augustine and Pensacola, Tallahassee and New Orleans, Boise and Pocatello, Canton and Quincy, Evansville, Topeka, El Dorado, Baton Rouge, New Orleans, Pittsfield, Springfield, Saginaw, Neosho, Orange, Kingston, Geneva, Niagara Falls, Olean, Salamanca, Schenectady, Cherokee, Corpus Christi, Dallas, El Paso, Forth Worth, Houston, Laredo, San Angelo, San Antonio, Los Angeles—all these communities and hundreds more joining in Social Hygiene Day.

ONE STATE'S STORY

The report of the Kansas City Board of Health on *Social Hygiene Week*, published in the March issue of the Board's monthly *News Letter*, is an example of the wide coverage and varied use of educational materials and channels which characterize *Social Hygiene Day* observances. Under the heading *VD Education in February*, the report reads:

"Although the Venereal Disease Control Division of the Kansas State Board of Health, under the direction of Dr. R. M. Sorensen, conducts a year-round program of public education, special activities were planned for the month of February, in observance of **Social Hygiene Week**. A summary of total venereal disease educational activities during the month follows:

A total of **45,700 pieces** of literature was distributed. The American Social Hygiene Association leaflet, *Calling All Communities*, was sent to a mailing list of 1,400 persons, including all physicians in private practice, all county health officers, public health nurses, members of the State Legislature, daily and weekly newspaper editors, and persons in the state on the request list for the departmental monthly bulletin, the *News Letter*. In all, 42,500 pieces of literature were sent to pharmacists, for distribution in connection with the window and counter card displays of the colorful poster, *Calling All Communities*. In addition, 1,500 pieces of literature were sent to fill routine requests.

In cooperation with the **Kansas Pharmaceutical Association**, the *Calling All Communities* posters, the large displays for windows and smaller ones for counters, were sent to the 850 members of the Association. These were purchased by the Kansas State Board of Health from the American Social Hygiene Association, and with the 225 other posters for venereal disease education, comprised a total of **1,925 posters** sent out during the month.

The venereal disease education **bus cards**, displayed routinely in the public transportation facilities of **Kansas City, Wichita, Topeka, and Junction City**, reach many thousands each day of the year; the cards are changed each month, and extra ones are sent to be used as posters by full-time county health departments regularly each month—comprising a total of 572 display cards exhibited in February, as in every month.

Films from the free lending library are constantly sent to fill requests from health departments, schools, military medical officers, and civic groups interested in venereal disease control. During February, 17 of the 16 mm. films were shown to a total audience of 6,170 persons. Also, the 35 mm. film, *To the People of the United States*, was shown in the theater at Columbus, at the request of the County Health Officer, Dr. Marion Friedman.

The attractive table model **exhibit**, emphasizing the things the community can do to control venereal disease, was displayed in store windows in **Galena and Columbus**, all during February, by Dr. Friedman, who also showed 16 mm. films at special venereal disease education meetings.

A special *Social Hygiene Day* release was sent to all **weekly newspapers** on the regular request mailing list for *Kansas Health*, a health education feature that has been maintained with the cooperation of weekly newspapers in the state since July, 1935. The *Kansas Health* mailing list numbers 307, with 264 within the state, and most of these are newspapers, giving excellent state-wide coverage for health education.

The **radio**, too, helped with the special publicity efforts. Three fifteen-minute radio talks on the subject of venereal disease were written for presentation by Dr. C. H. Munger, Lyon County Health Officer, who broadcasts regularly each week from Radio Station KTSW, Emporia, through the courtesy of this station. Four fifteen-minute radio transcriptions, using the records purchased from the California State Health Department's series, *The Unseen Enemy*, were presented by courtesy of Radio Station KFKU, the sponsor of which is the Extension Division of the University of Kansas.

Doctor Sorensen talked on venereal disease at public meetings held in **El Dorado, Columbus, and Galena**, and Miss Jane Taylor, Venereal Disease Consultant Nurse, spoke to students of the high schools and junior colleges of **El Dorado and Augusta**.

With routine and special activities combined, the month of February marked a high point in venereal disease education in Kansas."

THE NATIONAL AGENCIES

As in past years, many national agencies, both official and voluntary, joined in making Social Hygiene Day a success. As usual, Federal agencies, including representatives of the Army, Navy, the Public Health Service and the Social Protection Division, gave official cooperation as speakers and through other participation in the numerous programs. Two voluntary groups which assisted in preparing and distributing special educational materials are mentioned here. Many more deserve to have their cooperation described, if space permitted.

THE PHARMACISTS PARTICIPATE

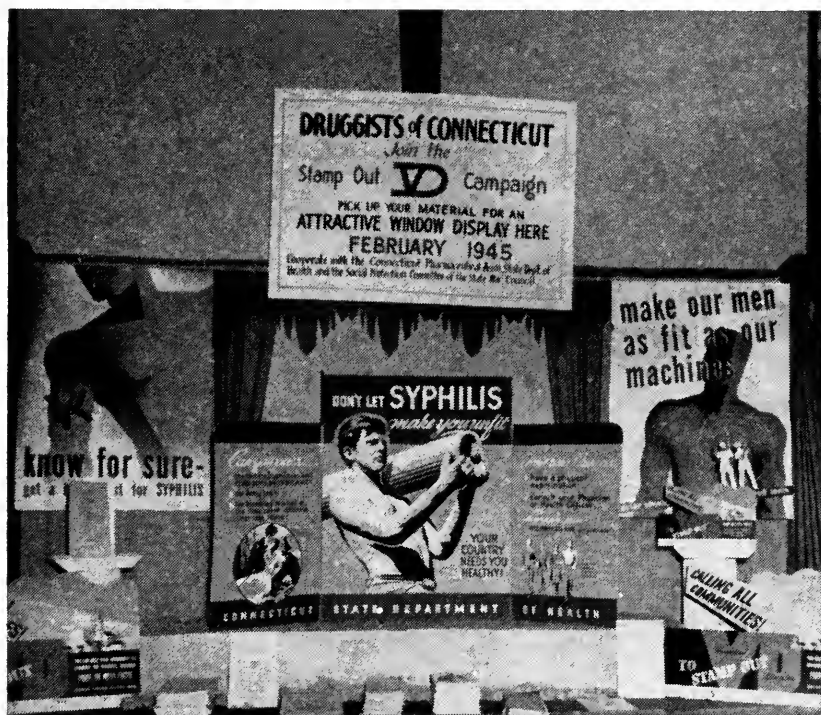
Intensive efforts were made this year by the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association to enlist the participation of pharmacists in Social Hygiene Day programs. Special leaflets, an attractive new window display and a counter card were made available to pharmacists and health departments throughout the country. Promotional letters, a descriptive folder and sample sets of the displays were sent to the secretaries of all State pharmaceutical associations, State health departments and to the health departments of about 75 large cities. Folders and bulletins went to social hygiene committees, colleges of pharmacy, State boards of pharmacy and editors of pharmaceutical journals, many of which carried special articles urging support by pharmacists of the broad social hygiene program.



DRUG-STORE COUNTER CARD

The response was excellent. Requests were received from a total of 20 States for 4,000 sets of window displays and for 5,800 counter cards. The great majority of these came from State and local health departments and social hygiene committees, acting in consultation with the pharmaceutical organizations in their area. In **Connecticut, Kansas, Kentucky** and **New Jersey** plans were carried through to place displays and leaflets in every drug store in the State.

As was to be expected, in the light of past achievements, Connecticut again led the country in broadening participation by pharmacists in this program. Here a plan was made, and successfully executed; to place a window display, a counter card and leaflets in every one of that State's more than 700 stores. This was the first State where such complete participation has been achieved. It was accomplished under the leadership of Louis Kazin, chairman of the Social Hygiene Committee of the Connecticut Pharmaceutical Association, and Dr. Henry P. Talbot, Director, Bureau of Venereal Diseases, State Department of Health, who have established a model of teamwork between their respective organizations. Important assistance was given to this project by Mrs. Francis Roth, Executive Secretary, Committee on Social Protection of the Connecticut War Council.



A SOCIAL HYGIENE DAY DRUG-STORE WINDOW DISPLAY

Each year there has been a steady increase in the number of pharmacists who have joined in observing National Social Hygiene Day. The number responding to the 1945 call to action was actually many times greater than on any previous occasion. This offers real promise that a substantial proportion of the country's 60,000 practicing pharmacists may be counted upon as consistent supporters not only of Social Hygiene Day activities, but of their community's year round efforts to combat syphilis and gonorrhea.

U. S. JUNIOR CHAMBER OF COMMERCE

Again this year, as in 1944, the United States Junior Chamber of Commerce promoted sponsorship by its 800 local Chambers of a full page newspaper advertisement designed to stimulate public interest in National Social Hygiene Day. The ad was prepared by the Association; mats and proofs in full page tabloid and standard newspaper size were furnished to the national office of the Jaycees. This national office sent proofs and a special bulletin to all State public health chairman and local Chambers asking them to sponsor the ad in their local papers. Records received to date indicate that the ad was run in approximately 25 newspapers.



It's not off the beaten path. It's not hidden away in some ghost town. It's located in our very midst. Let's look in—even though it will shake our sense of security. What is it—who is it we see? People, like ourselves! Wait! There's something wrong—there's misery, bewilderment and fear written on their faces. Why? That's the way people react when a venereal disease casts its pall over their home.

If this were the only one—a single isolated case—it still would be a menace to society. Multiply this one by 861,000 and we have the stark but true picture of how, in one year alone, syphilis and gonorrhea invade our communities, threatening to outstrip by far all other serious communicable diseases. In one year this reported number of venereal disease cases was 70 per cent more than the combined total of the reported cases of diphtheria, malaria, pneumonia, meningitis, tuberculosis, infantile

paralysis, scarlet fever, smallpox, typhoid, paratyphoid and typhus.

This alarming situation exists—in spite of the great advances made in medical science, new drugs and treatment—in spite of the efforts of public spirited communities—and in spite of the fact that these diseases can be prevented through avoidance of exposure to them. Yet, dark as the picture may be, it is possible to wipe out the venereal diseases, root and branch.

It is the truth. We have the weapons and knowledge with which to obliterate these infections which have crippled, blinded, paralyzed and killed in numbers beyond comprehension, which have robbed the armed forces and industry of vitally needed manpower. This can be accomplished speedily and surely if all of us cooperate with our fellow citizens in concerted, sustained programs of community action.

VD WILL BE STAMPED OUT

✓By learning and appropriately publicizing all the facts, never by imitating the strick.

✓By maintaining high standards of conduct, never through promiscuous sex relations.

✓By providing, in every community, law enforcement against prostitution and adequate medical and public health facilities, never by refusing to face the issue.

✓These diseases can be stamped out in our time through mobilization of all forces—medical, public health, moral, law enforcement, educational, business and labor—in a campaign that will not end until the goal is reached.

TO SPEED V-DAY OVER VD

Learn the facts about the venereal diseases, their cause, means of spread, treatment and avoidance.

Urges the provision of adequate medical facilities for diagnosis, treatment and isolation.

Support all measures needed to provide young people with healthy recreation and to educate them for happy marriage and family life.

Encourage the passage and enforcement of protective laws for the repression of prostitution and the prevention of delinquency.

* NATIONAL SOCIAL HYGIENE DAY—FEBRUARY 7th *

This advertisement approved by THE AMERICAN SOCIAL HYGIENE ASSOCIATION

is sponsored by

THE

JUNIOR CHAMBER OF COMMERCE and

THIS FULL PAGE ADVERTISEMENT APPEARED IN NEWSPAPERS

Other national voluntary agencies contributing to the success of the Social Hygiene Day observance included:

Alpha Epsilon Delta, American Association of University Women, American Home Economics Association, American Hospital Association, American Library Association, American Medical Association, American Red Cross, Associated Women of the American Farm Bureau Federation, Boys' Clubs of America, Chamber of Commerce of the U.S.A., Child Welfare League of America, Federal Council of Churches of Christ in America, General Federation of Women's Clubs, Kiwanis International, Lions International, National Congress of Parents and Teachers, National Council of Jewish Women, National Council of Women of the U.S.A., National Council of Young Men's Christian Associations of the U. S., National Education Association, National League of Nursing Education, National Organization for Public Health Nursing, National Social Work Council, National Society for the Prevention of Blindness, National Tuberculosis Association, National Women's Christian Temperance Union and Rotary International.

LOOKING AHEAD

Another Social Hygiene Day is only eleven months away. Wednesday, February 6, 1946, is the date, and the quickly passing days and weeks and months are bringing it nearer every moment. No one can say with any certainty what the world picture will be on this date, but we can be sure that those human problems that we think of in the name of social hygiene will still be with us then as they are

now, and it may be with redoubled urgency. Wartime and peacetime alike, health and happiness are first necessities and chief objectives for the human race, and each year is an important milestone in the march of progress towards those objectives. Between now and next Social Hygiene Day lie our opportunity and our obligation to make the great gains so far achieved count for the utmost, and to add new advances. As in 1939 we rallied social hygiene forces for national defense, and as in 1941 we geared all efforts to war speed for protection of the health and efficiency of our fighting men, so now, as we look to the coming peacetime, let us join with united effort and fresh determination in the broad, long-range social hygiene endeavor which has for its goal the safeguarding of the strength and welfare of family life.



By His Excellency **RAYMOND E. BALDWIN**, Governor

A STATEMENT

SIR, safeguarding the health and prevention of disease is a matter of vital civic concern in these tragic war times as well as in peace, and

SIR, the so-called social diseases, principally syphilis and gonorrhea, jeopardize the health of our country including civilians, service men and women, causing disabilities in the prime of life, killing unfortunate babies and disrupting family life, and

SIR, the American Social Hygiene Association has designated February 7, 1945, as National Social Hygiene Day, the observance of which contributes toward the conquest of the venereal diseases throughout the country as well as in our own state, and

SIR, the State Department of Health now as in past years has been vitally concerned in the reduction of syphilis and gonorrhea with the cooperation of physicians, pharmacian, nurses, local health departments, courts, state war council, police departments as well as other official and private agencies in promoting various important control measures,

Now, therefore, I, RAYMOND E. BALDWIN, Governor of the State of Connecticut, do hereby proclaim Wednesday, February 7, 1945, as SOCIAL HYGIENE DAY and do hereby urge all people to give wholehearted support to the observance of this Day for the purpose of advancing the campaign against syphilis and gonorrhea during the war and in the post-war era.

Raymond E. Baldwin
Governor.

Dated at Hartford, January 22, 1945.

By His Excellency's Command:

HENRY B. STRONG

Executive Secretary

SOCIAL HYGIENE DAY PROCLAMATION BY THE GOVERNOR OF CONNECTICUT

PUBLICATIONS RECEIVED

IN THE PERIODICALS

Of General Interest

- AMERICAN JOURNAL OF PUBLIC HEALTH, February, 1945. *Today's Global Frontiers in Public Health*. I. *A Pattern for Cooperative Public Health*, G. C. Dunham, M.D. II. *Regional Health Organization in the Far East*, Szeming Sze, M.D. III. *Potentialities of International Collaboration in the Field of Public Health*, M. D. Mackenzie, M.D., D.P.H. IV. *The Immediate World Task in Public Health*, J. A. Crabtree, M.D.—Discussion, by G. H. de P. Souza, M.D. and Karl Evang, M.D.
- BETTER TIMES, February 2, 1945. *Security for the Social Worker*, Homer Wickenden.
- Twenty-five Years of "Better Times,"* Leopold Lippman.
- HOW CHAMBERS OF COMMERCE ARE ATTACKING ON THE HOME FRONT. *Total War Against Venereal Disease*. A Social Hygiene Day number. Monthly bulletin of the U. S. Chamber of Commerce, Washington, D. C., February 1945.
- JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, February 1945. *Pharmacists Help Control VD*. How the APHA-ASHA Joint Committee works.
- JOURNAL OF HOME ECONOMICS, February 1945. *Education for Life in a Democracy*, T. R. McConnell.
- JOURNAL—LANCET (Minneapolis), February 1945. *Community Health Organization*, Haven Emerson, M.D.
- THE JOURNAL OF NEGRO EDUCATION, Winter Number, 1945. *Current Trends and Events of National Importance in Negro Education*: Section A. *The Returning Soldier*, Col. West A. Hamilton.

Sex Education, Marriage and Family Relations

- CANADIAN SCHOOL JOURNAL, Toronto, February, 1945. *Building Family Life Education into the School Curriculum*, Charles S. Gulston.
- THE CATHOLIC FAMILY MONTHLY, Washington, D. C., February 1945. *Family Recreation*, Rev. Paul F. Tanner.
- JOURNAL OF HOME ECONOMICS, February 1945. *Research in Family Life in Nebraska*, Leland H. Stott.
- NATIONAL PARENT-TEACHER, February 1945. *Sex Education Today*, Lester A. Kirkendall.

Health Education

- BULLETIN OF THE MEDICAL LIBRARY ASSOCIATION, January, 1945. *Art and Science in a Health Museum*, Bruno Gebhard, M.D.
- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, February, 1945. *Five Years of Service*, Bess Exton.
- TIMELY HEALTH TOPICS, February, 1945. Bulletin of the Fort Worth-Tarrant County Health Education Committee. Special number on Social Hygiene.
- VENEREAL DISEASE INFORMATION, February, 1945. *The Medical Officer and the Venereal Disease Education of the Soldier*, Maj. Robert Dyar, M.C.

Social Protection

- BETTER TIMES, February 2, 1945. *Teen-Age Canteens*, Grace H. Gosselin.
- THE JOURNAL OF NEGRO EDUCATION, Fall Number, 1944. *Recreation in the Negro Church in North Carolina*, Allen E. Ericson Weatherford.

Postwar Problems and Plans

- EUGENICAL NEWS, December 1943, *The Postwar Generation*.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, January 27, 1945. *Army Contributions to Postwar Venereal Disease Control Planning*, T. H. Sternberg, M.D., and G. W. Larimore, M.D.
- THE JOURNAL OF NEGRO EDUCATION, Fall Number, 1944. *The Role of Negro Schools in the Post-war World*, E. Franklin Frazier.
- Winter Number, 1945. Editorial Comment: *Postwar Prospects of Equitable Educational Opportunity for Negroes*.

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KENNETH R. MILLER, *Field Representative*.

A TWO POINT PROGRAM FOR PARENTS

"See that the young folks get the information they need about sex, and that they have something interesting to do" . . . this two point program for parents was recently suggested by Dr. Anna O. Stephens, Physician in the College Health Service, Pennsylvania State College, in a paper on "Petting Problems," given before the College's Annual Institute on Marriage and Home Adjustment. "Whose fault is it," she asks, "that so many adolescents pet as their chief indoor sport?" The blame, she believes, rests on "you and me, their parents—those of our generation. . . . Most of us grew up in the days of chaperones. . . . We have removed chaperonage . . . but we have given the present generation of young people nothing to take its place. I do not believe that any new kind of 'super chaperone' could cope with the problems presented by our definitely independent and motorized youth. I do believe that by suitable education and guidance programs they may be enabled to solve their own rather difficult problems."

"If these problems are to be solved by education, we must surely broaden the scope of education. This is needed in the schools, perhaps, but much more urgently needed in the home. . . . Real values must be substituted for the false ones now in vogue with some young people. . . . Most kids start to pet when young because they are afraid they won't get another date unless they do. Once started, the habit gains momentum. Adolescents need to understand that the physiological function of petting is to prepare for sex relations, and that the borderline between is thin ice which breaks without warning. Youngsters need to take into consideration also that most of the boys and girls they mix with come from the same kind of homes as they themselves, and do not require petting as the test of a 'good date.'"

"As to guidance away from petting and toward 'something interesting to do,' many parents seem not much more resourceful than the youngsters themselves. The horizon of entertainment is in many cases limited to cokes, cars, juke-boxes and movies. But take these same kids and their dates and give them a real active party of the more or less old-fashioned variety and they'll have an unbelievably good time. Let them mess around in the kitchen and they'll spend a whole evening at it and hate to go home. They like picnics and camping and other outdoor fun."

"We may have to put a lot of effort into it, and even some money," Dr. Stephens concludes. "Some parents would rather lend their young son the car than the kitchen . . . would rather send him to the movies than take him on a picnic . . . would rather he'd dance to the juke-box down-town than have the rugs rolled back, the radio blaring 'swing' at home. But once those parents come to realize how they can help their boys and girls to make this uncertain growing-up period a success, with no regrets, they are usually willing to turn to. And until we as adults get interested in the problem of petting, the kids will not be able to solve it. Without our cooperation, it is just too big a job."



In school new friends are made—and kept ¹



Plan something interesting to do ↑ ²

↓ Group singing is a grand pastime ³



Cokes and good food make a first-rate picnic ³



"DO'S AND DONT'S"

Discussing dates with her girls like the half dozen suggestions show their emotional balance:

1. Know your date if at all possible. If you are going on a blind date, be sure it's a double date and that the other girl is in sympathy with your point of view. Two girls can get their way where it might be hard for one to do so.
2. Think of something interesting to do. You can't just talk all evening, especially if you hardly know the boy. You can't expect him to have all the ideas. Collect your "scatter brains" and put them to some useful purpose.
3. Be quick to see the possibilities in a situation and prevent it before it occurs. For example, after seeing a sexy movie, you'd better eat with a crowd than go for a ride by yourselves.

The District of Columbia Social Hygiene Commission makes suggestions in two ways: first by providing the following lectures to high school girls. Ragan, a special writer of the Washington Post, wrote an article which listed the "dating data" and attracted attention and stimulated discussion among

FOR GIRLS

idents, Dr. Stephens finds that they
lined below to help them maintain

Remember, any girl with her wits about
her has the upper hand in the situation.
Don't lead your date on and then wonder
what's the matter with him.

Finally, if you must "put him in his
place" do it kindly. Take the blame
yourself; maybe you are more devast-
ating than you think, and if you have
that much glamor you can afford to
be gracious. Then, don't forget to
give the guy a second chance if you
like him. Maybe you could even invite
him to something you've planned, just
to show that you don't hold a grudge.
Of course, if it happens the second
time then you have to decide whether
it's worth your trouble.

Don't drink alcoholic beverages—not
even a little—when on a date.

ety tested the popularity of these
mimeographed edition as a handout
and, by collaborating with Marjorie
Herald, in an illustrated feature
h experiments have attracted much
ngsters and parents.

National Youth Administration photograph
Washington Times-Herald photograph
National YMCA-USO photograph

Look at the birdie!



Lunch together is fun




Bicycling is a good sport for two ↑

↓ An afternoon in the park with the gang



"YOUR CHILDREN ARE LEARNING THE FACTS OF LIFE—BUT HOW?"

This is the challenging title of a folder issued by the District of Columbia Social Hygiene Society for its Social Hygiene Day meeting last February. Inside pages carried the broadside and bibliography shown below. The Society reports many requests for additional copies, both in and outside Washington. Some of the Society's members also made suggestions for additions to the bibliography.



**Many Children
Get Their "Sex Education" This Way!**

**CAN'T HOME, SCHOOL, AND CHURCH
DO A BETTER JOB?**

**Wife to Divorce
GI So Get Wed
Mother of Child**

**Divorce, Extra-Marital Acts
By Fields Wife Harass Yank**

**Stark to Visit
La Goddard
Next Spring**

**Dad and Baby
Doing Nicely**

**'Poor Butterfly' in End Life
Divorce Suit Naming With Yank**

**Death of Postmaster Ends
Divorce Suit Naming Son, 16**

**Girl, 12, Has Baby
Police Attempt
To Find If Father**

**Girl Has Three Baby
Wants to Find
Father**

**Chaplin Admits
Thriving to
Blacky Jean**

**Two Women Skipped
House With Men
Held in Registry**

**Black Market Babies Reported
Ringing Brokers Up to \$2000**

**Anglo-Indian
Girl Has
Love U.S. Boy**

**Normal Child's Abnormal
Birth Amazes Coast Doctors**

Two Pathologists Absolve Chaplin at Trial

**GI Brings Wife
Daughter Born
Out of Wedlock**

**Baby Delivered
By Driver
Of Ambulance**

Black Market Babies

BRIEF SOCIAL HYGIENE BIBLIOGRAPHY FOR PARENTS

February 1945

Here is a list of authoritative books available in your Public Library and in the library of the D. C. Social Hygiene Society for use when indicated. No attempt has been made to include all the reliable volumes in this field but those listed have been carefully checked and approved by medical, sociological, psychiatric and pedagogical leaders. These books may be borrowed from:

D. C. Public Library, K at 8th Street, N. W. NA. 6776
D. C. Social Hygiene Society, 927 - 15th Street, N. W. ME. 1458

FOR PARENTS AND CHILDREN

- Bisgnow, Maurice. Sex Education. New York, American Social Hygiene Association, 1936. For general readers, students, young parents and others who need an introduction to sex education.
- Dr. Schweinitz, Karl. Growing Up. New York, Macmillan, 1935. For children 9 to 12.
- Greenberg, Benjamin. Parents and Sex Education. New York, Viking, 1932. Intended for parents of children under school age.
- Rice, Thurman B. How Life Goes On and On: a story for girls of high school age. Chicago, American Medical Association, 1940.
- Rice, Thurman B. In Training: for boys of high school age. Chicago, American Medical Association, 1940.
- Rice, Thurman B. Story of Life for boys and girls ten years of age. Chicago, American Medical Association, 1935.
- Strain, Mrs. Frances B. Being Born. New York, Appleton-Century, 1936. For girls and boys from 9 to 12.
- Strain, Mrs. Frances B. New Patterns in Sex Teaching. New York, Appleton-Century, 1934. For parents. Suitable for anyone having association with children.
- Swift, Edith M. Seen by Steps in Sex Education. New York, Macmillan, 1938. For parents of children from 2 years old to adolescence.

FOR YOUNG PEOPLE

- Corner, George W. Attaining Manhood. New York, Harper, 1938. Feats about sex, scientifically presented for adolescent boys.
- Corner, George W. Attaining Womanhood. New York, Harper, 1939. For adolescent girls.
- Dickerson, Roy E. Growing into Manhood. New York, Association Press, 1933. For boys 11 or 12 to 16.
- Dickerson, Roy E. So Youth May Know. New York, Association Press, 1936. For young men in their upper teens and early 20's. Also useful for younger boys.
- Parker, Yvelia M. For Daughters and Mothers. New York, Bobbs-Merrill, 1940. From the teens to up.
- Rice, Thurman B. Age of Romance. Chicago, American Medical Association, 1933. Particularly helpful to those in late teens and early 20's.
- Strain, Mrs. Frances B. Love at the Threshold. New York, Appleton-Century, 1942. For older adolescent girls. Suitable for their parents also.

FOR ENGAGED AND MARRIED COUPLES

- Evans, Max J. The Sexual Side of Marriage. New York, Eugenic Publishing Co., 1917. For young people contemplating marriage or those experiencing difficulties in married life.
- Goldstein, Sidney E. The Meaning of Marriage and the Foundations of the Family. New York, Black, 1941. Ethical and practical guidance for those of Jewish faith.
- Groves, Gladys H. The Married Woman: a practical guide to happy marriage. New York, Greengard, 1936. Practical pointers on courtship and marriage.
- Popover, Paul R. Marriage—Before and After. New York, Funk, 1944. Simple, logical, and entirely practical series of rules for happy and successful marriage.
- Popover, Paul R. Modern Marriage. New York, Knickerbocker, 1940. For men 17 years or older. Suitable for and equally interesting to women.

FOR PROSPECTIVE PARENTS

- Evans, Nicholas J. Prenatal Care, intended as a recapitulation of physician's instructions. Van Nostrand, Carolyn C. Getting Ready To Be a Mother. New York, Macmillan, 1946. Covers preparation for motherhood and infant care during the first year.
- Zabnick, Louise. Mother and Baby Care in Pictures. Philadelphia, Lippincott, 1934.

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NO. 4

Recent Progress in Sex Education

SEX EDUCATION AND THE SCHOOLS

A DISCUSSION OF THE BASIS FOR SCHOOL PROGRAMS, WITH AN OUTLINE
OF A COURSE IN HEALTH AND HUMAN RELATIONS,
INCLUDING FACULTY AND RECOMMENDATIONS

JOHN H. STOKES, M.D.

University of Pennsylvania, Philadelphia

A paper was published in July, 1944, under the title *Some General Considerations Affecting Present Day Sex and Sex Education Problems*,¹ which was a discussion of the general principles in the background of social hygiene educational effort as conceived by the author. The present article is an account of an educational program based on such principles following a conference called by Dr. Hubley R. Owen, Director of the Division of Medical Services, Philadelphia Department of Education. Described also are the organization and content of the original course on Health and Human Relations, mentioned in the first paper, which was given in 1943 and again in 1944.²

It should be understood that the *Basis for a Sex Education Program* was purely tentative and in the form of suggestions only. The course in Health and Human Relations undertaken jointly by the two agencies mentioned was an approach to the preparation of teachers and counselors for the work of a social hygiene program. The description of *Guiding Principles in a School Social Hygiene Program* (see page 6) did not spring full-blown from the forehead

¹ Vol. 25, pp. 197-203, Venereal Disease Information.

² See details pages 200-205, and p. 229 for 1945 course.

of Zeus, but was in deeply significant fashion a product of local growth and unobtrusive individual approaches and efforts in the individual schools of the city, under the direction of individual specially interested and equipped persons. Though there is some repetition involved, the basic statement prepared for Dr. Owen's conference aims to crystallize into organizational form the principles which seem likely to meet with acceptance or at least interested cooperation from the many various elements which feel themselves concerned with the schooling problem. The basic statement submitted to the conference, slightly modified by elaboration from its original form, is as follows:

THE BASIS FOR A SEX EDUCATION PROGRAM

I. *The Place of Sex Education in Educational Effort in General*

A. The dumping of all education on the schools is, in general, to be deprecated. Schools are only one mode of education. Essential parts of the work must be done in the home and elsewhere. This is the basic proposition.

1. *Dumping it onto the schools sidesteps* and relieves of responsibility the family, which is the social unit most critically concerned and most involved in sex problems and solutions.

2. *The family is the key social unit* ideal in the history of man thus far. The farther we take sex practice from it as the ideal, the more basically we change all human relations and social organization. *Are we ready to tend that way?*

3. *If not*, then the preparation for an adequate and rational sex life must be tied to and hark back constantly to the family and those who are to make it must be "educated"—brought up to the level of its responsibilities.

4. *Sex is an emotional rather than a reasoning problem—a vital drive.* To bring it to sound expression, and control it by reason, requires:

a. *Individual approach to the personal problem*; careful and full consideration, seasoned counsel, continued—often protracted—guidance.

b. *Psychosomatic*, psychologic and even psychiatric acumen and training, consultation.

c. *Physical*—i.e., health and medical management and adjustment. Provision for adequate emotional tension discharge—e.g., physical exercise, games, recreation.

5. *Sex is a cultural problem*—the field of aesthetic, moral, idealistic as well as of culture-defeating impulses and activities. Here the school could work at its best, as at present organized. If it leaves this field it must employ new methods, invade new fields, become an all-embracing agency.

6. *Sex is a criminal problem*—exploited by business and criminal elements, a major field of delinquency, an accompaniment of the misuse of alcohol. Hence a field of law, probationary, police and judiciary forces.

II. Where Must the School Go to Work?

A. Those who need education include—

1. *The teacher*, the school principal, the attendance and probation staff, the physical education staff and above all, the counselors. "How shall the blind lead the blind?"

2. *The parent*—the school can enter here via parent-teacher groups and class-parent groups. The proposal to call parents of small class units for conference fits in here, like the bringing of army instruction down to the platoon and squad.

3. *The pre-school child*—the school can reach the nursery groups, the early questioners; could enlist pre-school mothers and young married women by conference and class in the vital element of child education in the "curious" years—ages 3 to 7 or 8.

4. *The pre-adolescent school-child*—up to 9 or 10; the unconscious questioning age. The approach should be to the parent on sex and character education, with individual conference guidance or counsel for the individual parent and child with a problem; but for the *child* as such, in school, a broad general course in *Personal and Community Health* is required, begun at age 6 and carried on year after year, to the end of formal education. In addition, such experiences in Nature Study and elementary biologic science which aid in promoting knowledge and concepts of life processes and family relationships will be of fundamental worth.

5. *The teen-age group*—

a. The junior and senior high school problem.

(1) Direct and incidental sex education in class groups should be a continuous and fused phase of the entire curriculum at these levels of instruction. The subject areas participating to the greatest extent in the program are, in order of their frequency: health education, general science and biology, social studies, physical education, home-making, and to some extent, literature, the arts, business practice, and "homeroom" guidance.

(2) Collaterally, the counselors, school nurses and physicians are in a fortuitous position to give individual instruction, and to initiate the cooperation of the parents in such instances where this procedure is deemed advisable.

6. *The marriageable, and about-to-be-married.* Courses in night school, vocational school, college. Enlargement of the home-maker group.

7. *The public*—a continuously operating educational agency—the health education exhibit, a museum of hygiene.* A number of teaching exhibits of posters and models in the fields of public health, reproduction and embryology are being planned in several of the local museums and institutes. These should be completed by the beginning of the next school year.

III. *How Can the School Enter the Field?*

A. We are, of course, facing an emergency, and some hurry-up procedures may be needed; but sound general principles should be kept in mind. Haste today will repent tomorrow.

1. *A school system must organize for long-term responsibility.* No hasty "flash-in-the-pan" "smut lectures" will suffice.

2. *It must secure an adequate director* or directorial group and an advisory council. Through an adequate all-around director and council, the tendency to "bit" programs and hobby riding can be avoided. The director need not be a medical man. Personality, outlook, humanistic training and knowledge of the field is more important than the M.D. degree.

3. *A comprehensive blueprint* and all-around attack should be prepared—not some stop-gap facts-of-life lectures to high school students. The plan in general must provide (in addition to the foregoing) for:

a. *Finding and training of suitable personnel* as teachers, counselors, field-workers, youth leaders.

(1) Selections to be based on personality and aptitude for this special work; not merely rank, rating, examination or diploma, teacher's or otherwise; though these may be considered.

(2) Director to have veto on all such appointments if made by other than himself.

(3) Selections to *begin* with teachers to lead discussion groups of teachers. Social hygiene director may initiate this step.

(4) Selection to follow among probation officers and counselors of those that are to counsel on sex matters in (a) the grades; (b) high school levels. Teaching of such groups.

(5) A calling of youth into the program by a selection of junior *aides*—the leaders of their groups

* Examples are the Cleveland Health Museum, and the Hall of Man at the New York World's Fair.

among the students, perhaps as part of a self-government set-up, is desirable.

(6) Finally, selection of field personnel—the home visiting and “on-the-ground adjustment” group—to be selected and trained from and in cooperation with the school attendance, counselor, nursing and probation and attendance groups, the venereal disease control division of the health department, the morals court, and other appropriate social agencies.

b. *Moral background.* Idealism is essential and must be constantly hammered in. Cynicism at any point will wreck the program. Cooperation of the churches in all instances can be reckoned as a potent factor.

c. *Educational effort directed specifically at increasing the attractiveness of the family* as an institution in life, the ideal sex field and solution. Teach it as a career. Develop a family exhibit and museum as part of the educational health center (II-A-7 above) complete, down to the latest interest-attracting and enthusiasm-arousing home-making equipment in existence. Don't leave it all to the department stores.

d. *A counsel center for parent and child*—a 24-hour, 7-day-a-week school service with an accessible, hospitable central office. The personnel selected for the right personality as well as

e. *Psychologic and medical appraisal and help.* Competent, not too stodgy, formalized, or psychiatric and physical guidance, in connection with the counsel center.

f. *Avoid isolation of the problem.* Keep it part of life, health and culture. No sex hygiene to be taught alone. No prophylactic knowledge dished out in the raw, or en masse, is sufficient. Individual decisions for individual problems at the school, class, group and pupil levels are to be encouraged in program planning.

g. *Self-supervision and organized protection—chaperonage.* The decline of adult presence and supervision of adolescent and youthful activity is the entering wedge of promiscuity and venereal disease.

h. *Keeping alcohol out of the picture*—patrol and control to prevent “the ounce too much.” In school life this is vitally necessary.

i. *Developing the counter influences—work and play.* The control of sex activity is a thalamic problem. How are emotional drives (“thalamic rushes”) best handled? By sound guidance toward safe and healthy tension discharge through mechanisms involving hard work with a gratifying sense of accomplishment in skill and with a strong muscular accompaniment.

GUIDING PRINCIPLES IN A SCHOOL SOCIAL HYGIENE PROGRAM

*From report of the Social Hygiene Committee of the
Philadelphia Public Schools, September 22, 1943*

Nature and Purpose of the Social Hygiene Program

The aim of the program in social hygiene should be to help each individual to develop those habits and attitudes that make for wholesome relations with other individuals, particularly with individuals of the other sex.

Essential Phases of the Social Hygiene Program

A comprehensive program in social hygiene should have the following four phases:

1. The Wholesome Living Phase

The total environment of the school should be such as to provide a wide variety of interesting experiences in social living. The school should also enable the child to utilize fully the opportunities for social living in the community outside the school. This wholesome experiential phase is fundamental as a foundation for a school program in social hygiene.

2. The Instructional Phase

The instructional program of the school should be such as to give the pupil that information which is essential to social hygiene. It is of the essence that this information should be given in ways to emphasize that sex is a normal, vital characteristic of all life. It is reasonable to believe that the success of a counseling program in social hygiene is dependent upon a well developed instructional program where essential facts and right attitudes are given to pupils.

3. The Counseling Phase

Every pupil within a school should know where he can turn both within and outside of the school for counsel on individual problems with regard to social hygiene. Further, the school should have some means whereby any pupil needing counsel, but not seeking counsel, would be likely to be detected and referred to the proper person.

4. The Special Service Phase

There should be available to every school such medical services as may be needed for an adequate program in social hygiene. The experience of other countries in venereal disease control indicates that while instruction and counseling are important they must be supplemented by provision of adequate medical service—perhaps certain compulsory medical service—if the total social welfare of the community is to be advanced.

Guiding Principles in a School Social Hygiene Program

The following principles are believed fundamental in the development of a social hygiene program:

1. The program should extend throughout all the years of a pupil's school experience, with the instruction and the social experience at

all times adapted to the maturity of the pupils involved. (There is much evidence to indicate that the experiences of children even in the years prior to school entrance have an important bearing upon the development of sex attitudes.)

2. Almost every subject of the curriculum and every activity of the school can and should make some contribution to the development of those understandings and attitudes that make for healthy, social adjustment. The program in social hygiene of any school should be organized to include the contributions that come in this way. At the same time, care must be exercised that attention to social hygiene or to the facts of sex life is not exaggerated repeatedly throughout the school day. (In other words, if, every time sex is referred to in a school subject, that fact is taken as an opportunity for a lesson on sex adjustment, the result obviously will be unfortunate.)

3. The program of social hygiene in any school must to a considerable extent be patterned for the community of that school. While much assistance can be given to individual schools through the work of city-wide committees and through special services of particular divisions, in the final analysis, the individual school must study its own community and be allowed considerable freedom in the development of its own program. (The Committee responsible for this report is of the opinion that junior and senior high schools might well appoint their own committees to develop plans for the work in their respective schools.)

4. The social hygiene program of each school must be developed to utilize the services of those members of its own staff who are adequately informed in this area and who have the capacity to work with youth in ways that promote confidence and ease of communication.

5. The social hygiene program of each school should be such as to utilize the services of competent individuals and agencies of the community.

6. There is no one plan for the organization of social hygiene instruction that has been proved to be superior to all others. In some schools instruction is distributed through the various subjects of the curriculum with particular consideration prescribed in units in such courses as biology, health education, home economics, social studies and the like. In other schools special courses are offered during particular semesters or years. In still other schools, the program represents a combination of these two plans.

Throughout the course in Health and Human Relations, a steering committee representing the Institute and the Graduate School of the University of Pennsylvania and the Philadelphia School System, met for a forenoon once a week, to discuss coordination and week-to-week modification of the program to meet conditions and problems as they arose. An official sifter-in on all lectures supplied abstracts and notes supplementary to those made available by the lecturer himself.

OUTLINE OF A COURSE ON HEALTH AND HUMAN RELATIONS

Sponsored by the Institute for the Control of Syphilis of the University of Pennsylvania, under the Sponsorship of the United States Public Health Service, the Pennsylvania Department of Health, the Philadelphia Department of Public Health, with the cooperation of the Workshop of the Philadelphia Public Schools

Place: Hospital of the University of Pennsylvania, 36th and Spruce Streets, Philadelphia.

Time: June 26 to July 28, 1944

AIMS AND OBJECTIVES OF THE COURSE

This course repeated the course given by the same groups and along the same lines in the summer of 1943.

The Course was aimed at five objectives:

1. To develop in those who are to teach and counsel in educational problems and fields involving sex, an awareness of the atmosphere, the objectives, the values involved; to develop their capacity to think constructively and without embarrassment or hesitation in these fields; to evaluate the teacher's own possibilities and inadequacies in the field.
2. To place sex education in its biologic and socio-psychologic setting in the development of the child from preschool years to young adulthood and to relate it to family life and the family organization of society.
3. To give a picture of accepted forms of agency participation in the guidance and remedial fields of family and child welfare.
4. To orient sex education problems in relation to delinquency, public health and health education, and venereal disease control problems.
5. To present problems of teaching and administration relating to classroom methods, development and articulation of curriculum and preparation for leadership in faculty and parent study groups.

TIME SCHEDULE OF COURSE

*First Week: June 26 to June 30*Topic—*Family Background for Social Hygiene*

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Monday	<i>Orientation</i> Dr. Stokes	<i>Sociological Significance of Sex</i> <i>The Social Role of Marriage</i> Dr. Bossard	<i>Discussion</i>
Tuesday	<i>Types of Family Situations</i> Dr. Bossard		<i>Discussion</i>
Wednesday	<i>Studies in Family Culture</i> Dr. Bossard		<i>The Delinquent Adolescent</i> Mrs. Abbott 1:30-4:00
Thursday	<i>Parent-Child Relationships</i> Dr. Bossard	<i>Discussion</i>	<i>Parent-Child Relationships</i> Dr. Bossard
Friday	<i>Social Development of the Child</i> Dr. Bossard	<i>Discussion</i>	<i>War, the Family and the Child</i> Dr. Bossard

*Second Week: July 3 to July 7*Topic—*Growth and Development of the Child*

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Monday	<i>The Normal Process of Growing Up</i> Dr. Allen	<i>Status of Sex Education in Schools in the United States</i> Prof. Bigelow	<i>Discussion</i> Prof. Bigelow
Tuesday		Holiday	
Wednesday	<i>Roles in Family Living</i> Dr. Allen	<i>Public Health Aspects of Gonorrhea</i> Dr. Pelouze	<i>Discussion</i> Dr. Pelouze
Thursday	<i>Deviations and the Growth Process</i> Dr. Allen	<i>Growth and Development of the Child</i> Dr. Rubin	<i>Discussion</i>
Friday	<i>Homosexuality</i> Dr. Allen	<i>Sex Histories of "Teen-agers"</i> Dr. Kinsey	<i>Discussion</i>

*Third Week: July 10 to July 14*Topic—*Public Health and Medical Aspects*

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Monday	<i>Evolutionary Perspective of the Treponematoses (Syphilis and the Syphiloids)</i> Captain Holcomb	<i>Anatomy and Physiology of Sex</i> Dr. Wammock	<i>Subsections Clinic-Discussion</i>

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Tuesday	<i>Acquired Syphilis</i> Dr. Beerman	<i>Social Implications of Syphilis</i> Mrs. Brubaker	<i>Wistar Institute Film on Human Reproduction</i>
Wednesday	<i>Discussion Groups</i>	<i>Public Health Problems</i>	<i>Subsections Clinic-Discussion</i>
Thursday	<i>Congenital Syphilis</i> Dr. Beerman	<i>Clinical Demonstration</i> Dr. Hadden (Philadelphia General Hospital)	<i>Subsections Clinic-Discussion</i>
Friday	<i>Recent Advances in Treatment</i> Dr. Stokes	<i>Group Conference</i>	<i>Group Conference</i>

Fourth Week: July 17 to July 21

Topic—Area of Community Relations

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Monday	<i>Youth Panel—What We Want to Know About Health and Human Relations</i> Mr. Taber	<i>Parents' Panel—What We Want Our Children to Know and What We Think the Schools Should Teach</i>	<i>Use of Community Councils</i> Mr. Ward Miss Barnes
Tuesday	<i>Role of the Counselor in Health and Human Relations</i> Mr. Taber	<i>Discussion</i>	<i>Law Enforcement and Prevention of Delinquency</i> Captain Ellis Mrs. Carson
Wednesday	<i>Services of the Municipal Court</i> Dr. Leopold Dr. Reinemann Miss Crain		<i>Group Conferences</i>
Thursday	<i>Law and Welfare</i> Mr. Fink	<i>School Administration and Community Relations</i>	<i>Panel—Community Resources</i>
Friday	<i>Field Trip to Sleighton Farms and The Training School's Program</i>		
			<i>Glen Mills</i>

Fifth Week: July 24 to 28

Topic—Public School Procedures

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Monday	<i>Planning Instruction</i> Mr. Conrad	<i>Group Discussion</i>	<i>Instructional Areas—Films and Pamphlets</i> Mr. Miller
Tuesday	<i>Teaching Procedures</i> Mrs. Blanch Miss Gable	<i>Approaches at Various Levels of Instruction</i>	<i>Panel—Experiences in Curricular and Co-Curricular Areas</i> Mrs. Duffy Mrs. Lund Mrs. Blanch Mrs. Widmaier Mr. Whyte

<i>Day</i>	<i>9:00-10:30 A.M.</i>	<i>10:40-12:00</i>	<i>1:30-3:00 P.M.</i>
Wednesday	<i>General Administrative Problems</i> Mr. Zahn	<i>In-Service Training of Teachers</i> Dr. Kirkendall	<i>Field Trips to Places Featuring Related Exhibits</i>
Thursday	<i>Social Adjustment in the Junior High School</i> Miss Noar	<i>School Medical Services and Social Hygiene</i> Dr. Owen Dr. Weaver	<i>Panel — Promoting Parent-Study Groups</i> Mrs. Duffy Mrs. Rath Mr. Conrad
Friday	<i>Conferences</i> <i>Course Assignments (Staff)</i>	<i>Conferences</i> <i>Course Assignments (Staff)</i>	<i>Summarization</i>

SUMMARY OF COURSE BY TOPICS AND HOURS

<i>Sociology</i>	<i>Psychiatry and Psychology</i>	<i>Public Health Physiology and Pathology</i>
<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
Role of the Family..... 3	Attitudes 1½	Anatomy and Physiology of Sex 2½
Types of Situations..... 3	The Adolescent 6	Congenital Syphilis 3
Parent-Child Relations .. 3	Psychological Development of the Child..... 1½	Physical Development of the Child 1½
War and Family..... 3	Clinical Psychology 1½	Acquired Syphilis 1½
Social Development of Child 3	Psychological Development of the Adolescent 1½	Epidemiology, of Venereal Disease 3
The Teen-Age Girl..... 3	Mental Health 1½	Venereal Disease Control Problems 3
	Functional Neurosis in Children 1½	Gonorrhea 1½
		Endocrinology 1½
		U. S. Public Health Service Problems 1
<hr/> Total Hours.....18	<hr/> 15	<hr/> 18½
<i>School Problems</i>	<i>Community</i>	<i>Conferences, Clinics and Excursions</i>
<i>Instruction Administration and Medical Service</i>	<i>Relations, Crime Prevention and Collateral Agencies</i>	
<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
General Administrative Problems 1½	Parent-Teacher Relations 1½	Orientation 3½
Local Administrative Problems 3	Case Study 3	Discussion Groups—Texts 3
Health Education 1½	Marriage Counsel 3	Syphilis Clinic..... 1½
Educational Source Material 3	Delinquent Girls 3	Discussion Groups—Community Approach. 3
Use of Materials 3	Courts and the Law..... 1½	Discussion Groups—Curricular Problems... 3
Visual Aids 3	Liquor Control 3	Group Conference Course Report 3
School Planning 3	Federal Security Agency, Social Protection Division 3	Clinic G. U..... 1½
School Program of VD Control 1½		Discussion 6
<hr/> Total Hours19½	<hr/> 18	<hr/> 24½

F A C U L T Y
GUEST LECTURERS

MRS. JOSEPHINE D. ABBOTT

Educational Consultant, American Social Hygiene Association

FREDERICK ALLEN, M.D.

Director, Philadelphia Child Guidance Clinic

KENNETH APPEL, M.D.

Senior Psychiatrist, Institute of the Pennsylvania Hospital

MAURICE A. BIGELOW

American Social Hygiene Association, Educational Consultant

SARA BLANCH

Denver Public Schools

JAMES H. S. BOSSARD

Director, Carter Foundation, Professor Sociology, University of Pennsylvania

MRS. NORMA CARSON

Crime Prevention Division, Philadelphia Department of Public Safety

CAPTAIN CRAIG ELLIS

Crime Prevention Division, Philadelphia Department of Public Safety

ARTHUR FINK

Associate Director, Social Protection Division, Federal Security Agency, Washington, D. C.

IRVING FURST

Regional Director of Social Protection, Federal Security Agency, Philadelphia

KENNETH R. MILLER

Field Representative, American Social Hygiene Association

MITCHELL RUBIN, M.D.

Associate Professor Clinical Pediatrics, Graduate School of Medicine, University of Pennsylvania

LESTER A. KIRKENDALL

Consultant in Health Education, U. S. Office of Education, Washington, D. C.

ALFRED KINSEY

Rockefeller Institute, Indiana State University

SAMUEL HADDEN, M.D.

Chief, Neuropsychiatry, Philadelphia General Hospital

R. C. HOLCOMB

Captain, Medical Corps, U. S. Navy (Retired)

WILLIAM F. SNOW, M.D.

Chairman, Executive Committee, American Social Hygiene Association

EDWARD L. KEYES, M.D.

Honorary President, American Social Hygiene Association

For the PHILADELPHIA PUBLIC SCHOOLS

HUBLEY R. OWEN, M.D.

Director, Division of Medical Services

RUTH WEAVER, M.D.

Assistant Director, Division of Medical Services

ROBERT TABER

Director, Division Pupil Personnel Counseling

GERTRUDE NOAR

Principal, Gillespie Junior High School

MARTHA GABLE

Special Assistant to the Director of Physical Education

WILLARD ZAHN

District Superintendent

HOWARD CONRAD

Consultant for Curriculum

For the INSTITUTE FOR THE CONTROL OF SYPHILIS

JOHN H. STOKES, M.D.

Director

NORMAN R. INGRAHAM, JR., M.D.

Associate Director

HERMAN BEERMAN, M.D.

Assistant Director

LOUISE E. TAVS, M.D.

Assistant Director

P. S. PELOUZE, M.D.

Consultant in Gonorrhea

JOHN W. LENTZ, M.D.

Associate in Public Health Practice

VIRGENE S. WAMMOCK, M.D.

Assistant Physician

ELIZABETH CONSTANT, M.D.

Assistant Physician

ALICE M. KRESGE, R.N.

Director of Field Work

DOROTHY H. BRUBAKER

Social Worker

Sixty-seven students attended the 1944 course in Health and Human Relations, 35 from the Philadelphia Public Schools, 22 from Pennsylvania outside of Philadelphia, and 10 from out of the state (Connecticut 4, North Dakota 2, Maine, Alabama, New Hampshire and Oregon, 1 each); one Philadelphia tuition by the Division of Home Economics, and at least three different individuals, attended on a part-time basis. Several students invited members of the faculty of their schools to visit. The quarters were a great improvement over 1943, and on the whole were quite satisfactory.

So far as presentation of material was concerned, there was less overlapping than last year. Presentation of a group of speakers by panel was effectively utilized. The field trips were well worth the expenditure of time. The clinic on neurosyphilis held by Dr. Hadden at Philadelphia General Hospital was a real contribution; the negative aspects of this type of presentation were minimized by careful selection of material and the positive ones were accentuated by Dr. Hadden's skillful handling.

From the 1944 group it is clear that the larger the group, the more difficult it is to maintain a workshop atmosphere of give-and-take, and that this is something which needs as much planning and attention as the curriculum. The matter of credit resulted in more attention to individual presentation for a grade rather than to participation in a group project. The schedule should provide more free time—free to be used for field work by one group, for conference by another, for library work or individual conference by individuals working on their own. With so much content there must be more time for digestion and for application to the situation of the individual student.

Unfortunately there was not enough time for the skilled drawing out of group participation and individual thinking for which several of the faculty were eminently equipped. There was a small group interested in general health education and if such a group were to be present another year, there should be special consideration of their interests.

WHERE DO WE STAND?

*Remarks by Dr. Stokes at the Opening Session of the Course on
Health and Human Relations, June 26, 1944*

This is a conference. The atmosphere of inquiry, of free exchange of views, of question and answer, argument as well as exposition, is essential. In the Athenian groves, the intellect of Socrates and a group of questioners made an abiding philosophic discipline.

We would like you to feel that you are on a frontier, and engaged in a mission of discovery. The scene and the issues will be perennially on the move and you must move with them. A hundred years ago, for example, the control of venereal disease, a marker of the undercurrent of the sexual life, achieved a codification of method, a system of control that even today sounds as if it had all the answers. It rested on a foundation of public education, free and compulsory treatment. Education, treatment, free, compulsory, are the essential words.

The system proceeded to prove its worth in the special environment on which it developed—the Scandinavian countries. It did away with syphilis. But look what happened to it over the rest of the world. Education split up into mere facts and places—i.e. the fact of venereal disease, advertisement of the places to get treatment. Principles, the moral principles involved, languished in obscurity. The smut lecture supplied what little there was. The inquiry into facts on which principles may be based has hardly even gotten started. Little is yet known psychologically or biologically, of the urge that underlies V.D., or its mechanisms of expression. Clearly, here we have been hanging in the wind.

Meanwhile, what has become of treatment? It has been leaping ahead. In a hundred years we have passed, not too picturesquely speaking, from the point where, chief reliance though it was, treatment was known to have little influence on the diseases it was supposed to check, to the point where, like a leap over the rainbow, treatment today, through the instruments of the arsenicals, the sulfonamides and penicillin, so completely controls the individual case that we are almost anticipating the time when the patient after one visit to a physician, can proceed to cure himself at less than the cost of acquiring his disease.

But has this put us on top of the world of sex, of sex-linked disease and its problems? Not for a moment. Progress is undoubted and great—but the freedom of treatment has been and is a battleground to this hour; private practice opposing, public health proposing. Education has had a hard row to hoe up a steep mountainside of inertia, public and private prejudice and indifference, and a press conspiracy of silence. All the education represented by the last World War lavished on over 2,000,000 young men, in the ensuing

fifteen years, raised the number of persons in this country coming to diagnosis in the very earliest days of the disease, when cure is easiest, just one-half of one per cent.

In other words, 300 years would be required to do the finished job. Even now over 60 per cent of persons who acquire a venereal disease go to a druggist for self-medication, not to a doctor or clinic for treatment. Numbers never go to either, pay or free.

And compulsion—what of that? That too is a battleground. Voluntary cooperation secured through health education, through personal persuasion, through an arousing of the sense of social responsibility, struggles with the “see a head, hit it” philosophy of crass police power enforcement against the bearers and disseminators of infection. Whole national policies, the British notably, have rested on so pure a voluntarism and laissez-faire that democratic process as we interpret it in this country views it with amazement and misgiving. Nobody has had to do anything about anything connected with sex behavior or disease that he didn’t move to do of his own free inspiration and will under these extreme voluntaristic policies.

The second World War is shaking down pure voluntarism as insufficient in time of crisis, in the same set of motions that it is elevating individual personal suasion exerted on the transmitter of sex-linked disease to the place of principal influence in venereal disease control. The “from whom to whom principle”—find the source of an infection, trace those to whom it has been passed—is now as important as treatment, and has by-passed compulsion and force, while not refusing to avail itself of them as quarantine and detention, in times of emergency. For venereal disease is transmitted at two points that treatment and its corollaries thus far have failed to reach—before the individual knows he has a disease, and after he thinks or is told he’s cured.

In other words, with treatment, great though its firepower is, missing the bulls-eye, and compulsion limping along on the crutch of inadequate education, we have had to turn a number of sharp corners and come a less distance than we thought since we believed we had all the answers in a Scandinavian code solution. We still have the diseases, the markers, and are likely to have them for some time. What we are really losing is their value as fear-deterrents and shockers.

We still have the urge that underlies the biologic and psychologic fact of sex. We still have our ignorance of human practice in sex, our prejudices on solutions, our subjective bias, our voicelessness, our undeveloped technics of speech thinking and teaching on the subject, our stammering and stumbling insufficiencies in the roles that we ourselves as lovers, parents, counsellors and plain men and women, must play, each in his time-conditioned life span of three

score and ten. We still have the aberrant linkages with delinquency, crime, vice, alcohol. We have the whole vast problem, disease or no disease, of the placement of a powerful emotion in the schema, the planning of an intelligent, a reasoned and a fulfilled human existence. As the threats evaporate, the fears fade, the germs fragment and die, the person walks out well or never comes in sick, we find ourselves down on spiritual hard pan.

Are you here to learn anatomy so you can describe parts? Are you to sketch a spirochete on the blackboard? Are you to thunder in the index about bees, keep a straight face and unshaken frankness before questions about babies, be honest about the bathroom and the bedroom? Yes, these indeed, but how much more! We have the inexpressibly more difficult task of helping a humanity to see solutions clearly in the light of a positive moral force and an ideal of destiny. We must raise the question as to what kinds of life alternatives are worth while and what not. We must insist that life solutions are grounded in character, and we must have convictions, unadulterated by cynicism, as to what sound character is and how it may be achieved.

I welcome you then, as a public health officer in the name of the great Public Health Services of this country, this state and this city, to your place on the new, perhaps the final front, of the battle for control of venereal disease. Not with drugs, but with a positive moral force, directing sound character toward a solution of the problem of sexual promiscuity, will the victory be won. And with this welcome goes one of equal weight in the name of the agencies of formal education—the schools, and specifically the Board of Education and the Workshop of the Philadelphia School System, the University of Pennsylvania, and our affiliated aides and social agencies. Educators have had good cause in the past, and will have even more here, to appreciate the meaning of the term “task force!”

And now having come as near as I dare in all earnestness, to using the words of Paul—“Now are we ambassadors in the name of Christ, and God beseecheth you by us”—I venture a brief homily, if you will, on what our experience suggests as useful equipment for, and proficiencies to be gained from a five-week session like this.

First, we hope for an exchange, not a hand-out. We need your experience and point of view, we may well gain critical facts and insights from what you ask and have to tell us. Pitch in! There are sacred groves, perhaps, but no inviolable temples.

Secondly, we hope you will come to feel at home, “cozy” as De Kruif put it, with the subject. This means acquiring its vocabulary and the forthrightness and fluency of one to whom the language as well as the thought is becoming native. In few contacts does the ease of voice and eye, the seemingly choiceless choice of words, mean more than in handling the intimacies of the emotional life.

Thirdly, we hope that you will have convictions, but that you will ceaselessly examine them. To me one of the fascinations of growing older in thought is the slow revelation to one's self that the looking backward gives, of the sources, the mechanism, the conditioning of one's own thought. "Know thyself" is the ideal of the counsellor, the foundation of all humility.

Fourthly, since I have cited scripture once, let me do so again. We would not have you spineless equivocators, and there are those moments and issues on which for us an everlasting *Yea* or *Nay* must be said. But for our first contact with the problem, the issue, the person, let our guide be rather "judge not." It takes a long time, alas, to carry to the corners of our passionate and partisan souls, a true serenity and detachment. It is harder here because our struggle and our answer in sex are burnt into our lives. The matter of counsel, we believe, is less to give advice, to rule, direct, decide, than it is to paint, or speak the scene, in its living and true perspective, in which the individual will and must of himself work out and play his part. This we call the method of the Greek chorus, whose role it was to chant the course of life from the wings, weaving in song the background against which the actors played out the problem of their lives and of the play. It is no less—indeed, it is in some ways more important that you join in and become able to grasp and express the meaning of the whole movement for enlightenment on sex, than that you should have a ready answer to a detailed question from behind a rostrum or a desk. As a teacher, among teachers, I may whisper that few attitudes for us, the votaries of teaching which a brilliant physician once called an hereditary neurosis, are more difficult to accept than this: In counseling the individual, in helping the group to consciousness of a solution, one is often best the anvil on which is hammered out the complex solution appropriate for its specific time and place.

I know these suggestions seem commonplace to many of you—but I venture one more. It is worthwhile in approaches to our problem to face two ways—to picture the whole front, the broad issues, the grand strategy—and then to remember that the solution will be local, and must fit the local case and situation. The field is littered with what I call "bit solutions"—proposals based on partial views, someone's idea of what's what seen through the large end of the telescope, often wholly inapplicable, even wholly wrong. Great mountains of intellectual and emotional prejudice and institutionalization, like prostitution, have a positively magnetic attraction for the carpet tacks of small and prejudiced thinking. Before the course ends, each of you will be equipped with a blueprint as we call it, of the whole field of the venereal and sex-linked disease campaign. While not complete even yet, its nine sectors and thirty-three combatant agencies will provide you with the answer to some crackbrain with his one dose, one line cure. The field of sex, of social hygiene, of venereal disease control has its lunatic fringe, as many of you well know.

Thinking one's way with directness and realism through the facts to the meanings, in something so personal and "I-had-a-case" as sex problems is often very difficult. Doctors know one form of naive thinking particularly well—the *post hoc* which makes a first event, intervention or remedy seem the cause of what follows it. Behind these *post hoc* screens hide many of the real causes of situations, as the facilitators, the promoters of sex, hide behind the seemingly responsible participants in the set-up of organized prostitution, crime, vice and alcohol. Take an extra cup of coffee and never a drink of whiskey as you sit up puzzling over such questions. The social hygienist may fix one eye on a star, but his feet are in a quagmire and need the other eye for careful and realistic placement.

Now we must make a choice of "and finally", and my choice is to ask you to have faith in the validity of this work, the need for training, devotion, skill, to do a great human service. You can be certain that for every joy the sex of the race brings to mankind, it matches it today with a bitter sorrow. To tip that balance even a little, and ultimately far toward the happy side is an aim worthy of the best efforts of the ablest minds and hearts. I say, minds and hearts, because achievement in this field can satisfy both. And fortunate indeed is he who can say of his work—I did it—I understand it—I love it—and *it counts*.

All our schools are giving sex education, whether they are planning to do so or not. Every curriculum carries subjects which cannot ignore sex and be complete, such as physiology, hygiene, nature study, biology, psychology, the social studies, home science, agriculture, literature, etc. When a course in one of these subjects omits sex, the children sense the omission, and in the very act of doing so the courses thereby teach a view of sex, and add to the prejudices and false attitudes toward it. Such omissions and repressions only add to prudery or prurieny, the two extremes of vulgarity.

What should the schools do? If this is true, the question before the school people is this: Shall both the curriculum and the school activities be organized and used consciously and as scientifically as can be done in order to get the best possible results from all these natural contacts of the sexes and from the subjects which can effectively be made to bring the most wholesome sex interpretations to youth? Or, shall we continue to let the sex stimuli, incentives, relations, situations, motives, attitudes, conduct, and habits be unguided, haphazard, or determined chiefly by incompetent or sinister influences? These are the only alternatives; and it would seem that to ask the question is to answer it.

From the writings of THOMAS W. GALLOWAY (about 1925)

PRE-INDUCTION COURSE FOR HIGH SCHOOL STUDENTS

CINCINNATI PUBLIC SCHOOLS HAVE THREE YEARS' EXPERIENCE
IN DEVELOPING A UNIQUE AND POPULAR PRE-INDUCTION
HEALTH COURSE INCLUDING SOCIAL HYGIENE
GUIDANCE

ROY E. DICKERSON

Executive Secretary, Cincinnati Social Hygiene Society

One of the important social hygiene by-products of the war in this community has been the development of a Pre-Induction Health Course in the Cincinnati public high schools, which includes much valuable social hygiene guidance for all senior girls, and for boys of any class about to be inducted into service.

The first steps toward this course were taken when the eighteen-year-old draft law loomed on the national horizon. The Board of Directors of our Society became greatly concerned regarding the needs of these prospective selectees for realistic preparation along social hygiene lines for transition from home life to military life. The Board felt very strongly that steps should be taken at once to offer in advance of induction certain basic guidance that would be useful to these young fellows in good management of sex under the unusual conditions under which they would live as servicemen. For many of them it would mean being taken as youthful and very immature persons from sheltered homes and privileged communities and being plunged into military life with little or no education in social hygiene matters.

It was felt that much more was needed than the instruction concerning syphilis and gonorrhea which both Army and Navy provide for servicemen after induction. And even from that viewpoint alone there was definite need for adequate instruction and motivation *before* induction in order to prevent the infections which develop after arrival at a training camp but which are the results of exposures before that time. One of the well-known military medical problems is the large number of infections picked up in some last-minute fling, perhaps en route to camp.

Fortunately, Cincinnati, as a part of its Civilian Defense Council organization, has a Social Protection Section. Dr. Carl A. Wilzbach, City Commissioner of Health, is Chairman and the writer is Secretary. Two of the Section subcommittees immediately joined with the Social Hygiene Society in asking for a conference with the Superintendent of Schools, Dr. Claude V. Courter. They found that he already had plans in hand for a Pre-Induction Health Education Program

in which he was willing to include social hygiene material. Sharing in the development of the course from the beginning, under the general direction of Dr. G. H. Revis, Assistant Superintendent of Schools (in charge of curriculum) was a committee which included Dr. Jack Hertzman, Acting Director of School Hygiene and Health Education, Chairman, and William K. Streit, Director of the Department of Physical Education. Teachers of Physical Education have carried the major responsibility for this health instruction with health teachers carrying 25 per cent of the teaching duties.

Shortly thereafter the writer was asked to outline the content of a suitable social hygiene pre-induction course for (a) all boys seventeen and eighteen who were subject to induction at the close of the high school year and (b) all girls in the senior class. Girls were included because many of them were joining some of the women's services and others were going into some form of war work. At one time 500 boys and girls were dropping out of school every month in Cincinnati to enter military service or a war industry.

The pre-induction program was developed very rapidly in order to serve the needs of students during the spring of 1943. It was originally limited to ten weekly sessions simply because the preparations could not be completed in time to begin earlier. The outline for the course was first set up under the title *Efficient Management of Personal Living in Wartime*. It included, first, a section on Mental Hygiene with special reference to sound management of the anxieties and fears most commonly stimulated by wartime conditions. The second section was on Physical Fitness, which included communicable diseases and health conditions peculiar to war conditions and industry. Military medical officers were asked to specify matters about which they were most concerned in military life and those named were included in this section. It was followed by the social hygiene section for both boys and girls to which two periods were allotted. In the second year the course was revised and made into an 82-page mimeographed bulletin as Curriculum Bulletin 114, *Course of Study Pre-Induction Health, Grade 12*.

It is impossible in the space of this article to give even an adequate summary of the twenty pages of this course devoted to social hygiene. Those interested can obtain a copy of it from us for the price at which it is issued by the Board of Education, 75¢ plus 4¢ postage. Suffice it to say here that the course adequately stresses the dangers of syphilis and gonorrhea but devotes much more attention to helping both boys and girls understand and appraise correctly the values, before and after marriage, of sound sex behavior, independent of any hazards of venereal infection.

Major emphasis is placed upon the relationship of sound management of sex to emotional maturity, the capacity for mate-love, and the necessary qualifications for success in marriage as mates and parents. Many other special problems such as marriage in wartime, adjustment of boys and girls to the lack of opportunities for normal associations with each other, and the distinctive role of sex in

human life are included in appropriate places in the outline for either boys or girls, or both.

The first classes organized for this course met once a week for ten weeks, boys and girls separately, in groups ranging from fifteen or twenty to twice that number. Teachers were assigned by the various high school principals to handle each section of the course. In some cases these teachers invited specialists in various fields to lead the discussion for one or more periods.

Student evaluations have uniformly rated the Pre-Induction Course as "one of the most essential studies of High School" and have ranked the social hygiene material as the most helpful in the entire course.

At the end of the first year's experience the high school principals voted unanimously to double the time given to the course, thus increasing to four the number of sessions given over to social hygiene. Subsequently the time was further extended to six sessions.

In the second year a seminar was conducted by the writer for the high school teachers assigned to the social hygiene section. Many of these men and women already had a good background for this work and needed little further preparation. This year, the third, so many of the same teachers are continuing their services that no further in-service training measures have been adopted beyond a single one-evening conference on the program. There is, however, continued demand for good teaching materials and especially for visual aids. A *Handbook* of facts and quotations for use by teachers was produced this year.

From the first the classroom work has been supplemented by the distribution of printed materials. For the past two years each of the boys has received, through the courtesy of the USO and the YMCA, a copy of my pamphlet *Straight from the Shoulder*. Each girl has had a copy of *Health for Girls* prepared by the American Social Hygiene Association. Copies of the United States Public Health Service folder, *Syphilis Can Be Cured*, were also made available to both sexes. Our Society and the Board of Education shared the expense. Both boys and girls have also received, for the past two years, a copy of a reading list on sex education prepared jointly by our Society and the Readers' Bureau of the Cincinnati Public Library and published by the Library. Teachers have had copies of a fuller bibliography similarly prepared and distributed.

The reaction of boys to the course has been tested by asking enough classes to constitute a very good sampling of all boys for unsigned answers to three questions:

1. *How would you rate the value of these lecture discussions? Highly valuable, good value, average value, little value, no value?*

2. *Do you feel that these lecture discussions will influence your future actions?* Yes, No, Doubtful

3. *If "yes" state how.*

In 572 answers it is noteworthy that 75.8 per cent of the boys rated the lectures highly valuable and 86.4 per cent said they thought the course would influence their future actions.

Most striking of all are the statements made by the boys themselves in response to the request to say how they thought their conduct would be influenced. No suggestions whatever were made about what should be said. One who reads the hundreds of statements must be impressed with the very great usefulness of the pre-induction course. Illustrating the nature and range of these wholly spontaneous statements, the following few are quoted.

Age 17

"Because before or just after I got in the army I was determined to have intercourse. Now I'm determined to wait and get something good that I won't be ashamed of."

"It would influence me toward not having any sexual intercourse until I am married to a fine upstanding girl."

"The discussions have given me a broader, cleaner, more beautiful conception of sex and marriage, and certainly have convinced me that to keep my mind and body wholesome is the only right thing to do. I think that the information gained will enable me at future times to aid in forming younger boys' attitudes."

"This discussion has corrected many of the ideas our gang had formulated about this thing in 'bull' sessions. I think the things I have learned by listening to these discussions are very valuable and will influence me in my actions."

"They are highly valuable because many wrong ideas creep into a boy's mind concerning sexual intercourse and social disease."

"I will know when to keep away from the big mouth and show off."

"This class has shown that there is no 100 per cent safety, and in order to live a clean and healthful life we must have no sexual intercourse except with one's wife."

"It helps to enlighten us and inform us at an age when we are very 'mixed up' concerning sex."

"I know more about sexual disease than before. It changed my ideas about sex relations. I think we should have a course in school for both boys and girls."

"These two sessions showed me the many false statements I received from the so-called gutter."

Age 18

"It will keep me away from doing this sort of thing."

"I won't do several things that I thought might be OK and I will have a better idea of the right relationships between male and female."

"Many times fellows told me of the importance of 'physical love' now I fully realize the meaning of sexual contact—the true spiritual love."

"I feel that it has enlightened me thus changing my attitude on sex. I feel that it will help me in the army and my later married life. I also feel that

this subject should be made a part of high school hygiene courses, rather than let the boys learn it from the streets."

"It has influenced my future conduct, by answering several questions concerning sex, that have been on my mind; mainly, no necessity of physical contacts."

"It has helped me realize the danger of venereal disease, upon contact with just any female, and that sexual intercourse is not to be thought of as a game."

"I had always thought there were ways of completely preventing sexual disease, but through this enlightenment I have definitely had my ideas changed."

"It proved that it is you that lose by these intercourses."

"I made up my mind that such living was unhealthful spiritually, morally and physically but your talks were a foundation, or base, on which to rely and fall back on. Up to this time I was just going on my judgment which could have been wrong."

"That I have more respect for the woman I marry."

"Before I came to this class I was ignorant on this subject and instead of getting in the wrong I intend to stay in the clear."

Age 19

"It changed my ideas completely on sex life."

"I will stay away from red-light houses while I am in the army."

"While in the army I will be more able to restrict myself from these red-light districts as I know more about what might happen as a result of my going there."

Especially interesting are the following comments in letters written by boys *after* they had entered the service:

"If all boys could only have a course somewhat in the nature of Pre-Induction! I am, morally, the same boy who left Hughes which, I hope, by keeping alert will make it easier in working for commission."

"I sure am glad I had the Pre-Induction Course. With what I had there I hope never to make any sexual mistakes."

"Thanks for the material received in Pre-Induction. (The girls here are throwing themselves at us for as little as an American cigarette.) I am the same boy morally I was when I left High School."—From a Soldier with the U. S. Army overseas.

"The Pre-Induction Course kept a group of us from celebrating sexually in a neighborhood town before being inducted into the service."

"If all boys at the camp could have had the privilege of taking a course such as ours in Pre-Induction there would be less sex problems in camp."

The response by girls was nonetheless appreciative. Some typical statements follow:

"I think that having a health course of this kind is very beneficial to every High School girl, because we have a chance to ask questions that we cannot ask anyone else and we learn things that really *worried* us."

"This health course which I have taken this year is, in my opinion, one of the essential studies of the high school course."

"I think this course is swell. It helps clear up in your mind the things you have been wondering about. It is very helpful for boys and girls."

"Parts of this course were very valuable—the part about marriage and sex, because we don't hear it discussed *properly* very often."

"This course was very helpful to all the girls who have taken it. Most girls' mothers are very secretive about certain subjects which all girls *should* know."

"I think this course should be given to all grades in high school rather than to just the seniors. I think it is very helpful to those whose parents don't give them the facts on these subjects."

If the Congress enacts a law requiring a year of military training for all boys there will be just as great need in the postwar years as there is now to prepare youth for the transition from home and school to the military camp. The essentials of the pre-induction course must be embodied in the curriculum somewhere, and undoubtedly will be in more and more schools.

"Public health has an inherent interest in sex education. This interest is not academic, but is direct and constructive. In many sections of the country, the development of sex education programs has been due to the leadership and insight of these who do public health work. Many people confuse sex education and venereal disease education. Two areas of study are involved. Venereal disease education is not sex education. Syphilis and gonorrhea should be studied as a part of education dealing with all the communicable diseases. The fact that venereal diseases are so prevalent, especially in the Negro group, should cause educational leaders to give sufficient time to develop adequately this part of the program."

"Venereal diseases are spread by promiscuous sex conduct. Can sex conduct be influenced by education and public information? All the facts of anthropology indicate that this question should be answered in the affirmative. Sex customs are formed, sustained, and changed by group opinion. Sex conduct conforms to community or group standards in the same manner that other aspects of life conform. This is true in all degrees of human culture, from the simplest to the most complex. Sex conduct can be changed. This phase of life is influenced by idealism. The final control of venereal disease depends upon sex education and sex idealism."

"The belief that sex education will influence the incidence of syphilis and gonorrhea rests upon the fact that promiscuous sex conduct is a form of sex expression which is the result of ignorance and low group standards. Wholesome, sound instruction on the function and meaning of sex, expertly given, will dispel ignorance and raise group standards for sex conduct. To the extent that promiscuous sex conduct is limited, the incidence of venereal disease will be restricted. Improvement in the sex behavior pattern of the general population is a prerequisite for the control of syphilis and gonorrhea."

From the *Alabama VD Bulletin*

A NEW SEX EDUCATION HOME STUDY COURSE FOR PARENTS

AS OFFERED BY THE CINCINNATI SOCIAL HYGIENE SOCIETY AND
SPONSORED BY THE LOCAL PARENT-TEACHER
ASSOCIATIONS *

ROY E. DICKERSON

Executive Secretary, Cincinnati Social Hygiene Society

One of the brand-new and unique wartime products is no military secret destined for civilian use only after the war. It is the Home Study Course in sex education sponsored by the Cincinnati and Hamilton County Councils of Parent-Teacher Associations under the direction and leadership of the Cincinnati Social Hygiene Society. It is believed that this course is the only one of its kind. Like many recent inventions its appearance was largely due to gas rationing, manpower shortages and other familiar wartime conditions. And thereby hangs a tale.

In the spring of 1942 the Cincinnati Social Hygiene Society worked out, with the Parent-Teacher Councils in this area, a plan designed to help parents prepare themselves to provide sound sex education, in the best and fullest sense of that term, for their own children. The Parent-Teacher leaders had long been greatly interested in parent education of this type and were quick to join with the Social Hygiene Society in the promotion of what was originally called the *Six Point Social Hygiene Guidance Program*.

Under it the local Parent-Teacher Associations undertook to organize study groups to meet once a week for six weeks to follow a course of lectures offered by the staff of the Society. The course was divided into two units of three lessons each. The first dealt with the sex education of the child up to ten or eleven; the second covered the adolescent years. One point credit was to be allowed for attendance at each lecture and a Certificate of Achievement awarded those who obtained six credits and met certain other requirements. Many enthusiastic groups were organized ranging up to as high as sixty members.

But the increasing demands of the war speedily created many difficulties. Gas rationing made it impossible for many mothers to attend six meetings. The demands for war work services in the Red Cross, USO and many other agencies meant that many others felt they simply could not take the time for so many study group meetings. The inability of many a mother to find someone to stay with her

* See page 219.

children while she attended a meeting further restricted attendance. And finally it became evident that the staff of the Society simply could not be expected to provide someone to give six lectures to each study group which might be formed in a Parent-Teacher Association. There were just too many of them.

The interest in the program was so intense that the leaders were determined to find some way of carrying on in spite of these difficulties. It was finally agreed to set it up, for the spring of 1943, as a home study project with a series of printed lessons for mothers to read at home when they had time. Provision was made for two lectures, supplementing the printed material. Instead of attempting to give these lectures in each Association they were offered in four places in Cincinnati and in two others outside the city limits but in Hamilton County. A fee of one dollar was charged for registration for the Home Study Service.

One unique feature was a Certificate of Achievement awarded jointly by the Council and the Society to registrants who met three requirements: (1) satisfactorily completed a multiple choice test on each of the two units, (2) showed that they had read at least one recommended book and (3) filled in an "Achievement Record" showing in what ways the registrant and her husband, if he was in the home, had made use of things learned in the course. This latter provision was designed to encourage the father to share in the Home Study project.

February and March were designated as Home Study Months. A Hygiene Chairman was appointed for both Councils. They encouraged the appointment of some one person in each Association, preferably a Social Hygiene Chairman, to secure registrations. Emphasis was placed upon the value of having the lecture material in printed form for future reference instead of being forced to rely upon one's memory.

The six lessons were prepared by the writer of these lines and, at the beginning of the second year of the Home Study Service program, were published by him in printed booklets six by nine inches in size. Each lesson is in a separate booklet. They include reproductions of ten drawings and photographs illustrating various forms of reproduction and an insert providing the Dickinson diagrams of the male and female reproductive system with descriptive text.

The successful experience of the Parent-Teacher Councils in sponsoring this Course resulted in the Ohio Congress of Parents and Teacher Associations adopting it for use under the leadership of Dr. Ann Buntin-Becker, Mental and Social Hygiene Chairman for the Congress. It is also being used by the Wisconsin State Congress of Parents and Teacher Associations under the direction of Dr. Elmer Sevringhaus, State Social Hygiene Chairman. More than 3,000 mothers have already registered for the series.

The lesson subjects and the major topics considered are as follows:

Lesson One: Parental Preparation for Training the Child

What Sex Education Really Is. How Parents Teach Without Knowing That They Do. The Seriousness of Bad Sex Education. The Importance of Making a Good Start Early. How to Teach Children the Correct Words. Various Forms of Reproduction (illustrated). Unexpected Beginnings of Good or Bad Sex Education.

Lesson Two: The Questions Children Ask Or Do Not Ask

Anticipating Children's Questions. Some General Principles About Answering Questions. Why Evasion Is Unwise. Answering Questions About Birth. Explaining Mating. How to Answer Other Questions. How Children Ask Questions Without Words. What to Do With the Child Who Does Not Ask Questions.

Lesson Three: Preparing the Child for Adolescence

When Adolescent Changes Begin. The Need for Early Instruction of Girls About Them. How to Explain Menstruation to a Ten-Year-Old Girl. How to Help a Boy Understand the Changes in His Body. Why Some Boys Are Frightened by the First Nocturnal Emission. Safeguarding Boys and Girls Against Certain False Notions. Other Important Matters to Be Given Attention.

Lesson Four: Emotional Health in Adolescence

The Nature of Emotional Health. Normal Emotional Responses to the Opposite Sex. The Nature and Treatment of Puppy Love. Problems of Early, Steady Dating. Various Kinds of Crushes. Developing Wholesome Attitudes Toward Sex. Teaching the Marvels of Human Reproduction. Good Books for Adolescents. The Youthful Need for Thrills, Recognized Achievement, Personal Appreciation and Independence.

Lesson Five: Some Problems in Adolescence

The Need for Patience in Guiding the Adolescent. Helping Adolescents Understand What Sex Relationships Serve the Highest Interests of Society. Helping Adolescents Learn How to Get on With the Opposite Sex. What About "Necking" and "Petting?" Sound Guidance Concerning Masturbation. Safeguarding Youth Against Commercialized Prostitution and Its Propaganda. What to Teach About Syphilis and Gonorrhea.

Lesson Six: Looking Ahead to Marriage

Development and Function of the Male and Female Sexual System. Fullest Individual Satisfaction in Sexual Relations. The Psychology of Intimacy. Why Premarital Relations Are Unsound. Ideals of Marriage. Sound Conceptions of Courtship and Engagement. The Signs of Being in Love. The Premarital Examination. Making a Good Start in Marriage.

A supplementary pamphlet is to be added shortly to the series which will include a great many questions asked by boys and girls of all ages, and their answers. Discussion outlines and some additional factual material will also be added.

EDITOR'S NOTE: Also using this course are the Ohio and Wisconsin Congresses of Parents and Teachers, and the American Institute of Family Relations, Los Angeles, California, which has just announced that the same material, with annexed pamphlet material, is available through the AIFR service. Price is \$2.00. Address the Institute at 607 South Hill Street, Los Angeles 14.

NOTES ON RECENT STATE ACTIVITIES RELATING TO SEX EDUCATION *

A MEMORANDUM FOR THE COMMITTEE ON EDUCATION AND OTHER ADVISERS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

In the years 1943 and 1944 there was marked increase in the long-time growth of interest in the "sex education idea," by which is meant the idea that our young folks need instruction and guidance about the normal biological, mental and social relations of the two sexes in everyday life. This recent interest has been centered in public school education, and was stimulated by wartime health and social problems—such as, sex delinquency and venereal diseases—which were forced on the attention of parents and teachers in general.

As noted in a memorandum on *The Present Status of VD Education for Youth* (ASHA mimeographed bulletin 531M, February 1945), we have in recent years reached general agreement on the proposition that the venereal diseases should be taught as a part of communicable diseases in Health Education and not as a topic in "Sex Education," under this or other names. Accordingly this memorandum is limited to sex education based on normal life.

Of first importance among sex education activities in 1944 was the assignment, through cooperation of the U. S. Public Health Service and the U. S. Office of Education, Division of Physical Education and Health Activities, of a consultant directed to concentrate his activities on sex education as a national project. Under this arrangement the Consultant serves as Senior Specialist in Health Education in the Office of Education. A second consultant, working under the direction of the U. S. Public Health Service, is devoting a portion of his time to sex education activities. Sex education has been understood as including education and guidance in homes, schools, churches and other organizations which deal with youth problems of health and social relations.

These activities have been very successful, judged by many commendatory reports which have come to this Association. The numerous visits of the Consultant to state and local departments of education and health, public schools, parent associations, and college departments, has stimulated wide interest especially in those institutions which are training teachers of health education and sex education. Of great importance is the growing opinion that sex education should be presented to parents and educators as a program of the U. S. Office of Education and State Departments of Education.

* These notes are based (1) on correspondence and interviews with many members of the Committee on Education and other advisers, (2) on reports of field representatives of the Association, (3) on information from letters, interviews and bulletins from the U. S. Public Health Service, U. S. Office of Education, and many State Departments of Education and Health.

Probably the most significant sex education event of the year 1944 was the Social Hygiene Education Conference (official title) called by the U. S. Office of Education and held in Washington, December 7 to December 9, 1944. The conference was attended by about forty delegates selected because they represented a wide range of educational and social interests. Only a small minority of the delegates are nationally known as specialists in sex education. The report of the conference was issued in a limited mimeographed bulletin of eleven pages. So far it has been distributed only to individuals who applied directly to the U. S. Office of Education. The report explains that social hygiene education is "a convenient heading" for instruction on health and human relations as they are affected by sex relations; but that it is not a good term for a school program. Sex education would have been a better heading for this report. "Health and human relations" has met with considerable favor but since it includes much more than sex education it was not an appropriate heading for this report. Members of the Committee on Education will do well to study the statement of Objectives, Principles and Philosophy, Inauguration of school programs, Contribution of the elementary school, Instruction at the secondary level, Special problems, and Teacher education.

Alabama

Probably the most important state activities of 1944 were the "Sex Education Conferences" sponsored jointly by the State Department of Public Health and the State Department of Education, held in Montgomery and Birmingham, Alabama, in May 1944. We classify these conferences as "important" because a year later it is evident that they are having a far-reaching effect on the development of the "sex education idea" in many parts of the State of Alabama. The general purpose of the conferences was to plan and to encourage a broad sex education program throughout the State. Representatives of all colleges in the State, superintendents of the leading public schools, high school principals, public health leaders, and leaders of parent and religious groups were active in the conferences. No prepared program was offered by the state departments concerned or by any of the delegates. There was agreement by the overwhelming majority on all important points proposed in the discussions, and it was evident that the conferences were important in establishing a common point of view which is likely to lead to progressive development of integrated sex education in many schools of the State. This is more important in the long run than any official adoption of a state program. Since the conferences, there has been much activity on the part of the various public schools, teachers colleges and college departments of education, and parent associations. There is a growing opinion among educators, health officers and leading parents in Alabama that much misunderstanding might be corrected by naming the program "Studies of Health and Human Relations." In Alabama, as elsewhere, thousands of words will not explain away the misinterpretation of the first word in "sex education."

The Slossfield Health Center in Birmingham is planning a community health education program which grew out of a conference to study the health needs of Negro citizens in Jefferson County (Greater Birmingham). One of the primary objectives of this community health education program is education for parenthood and the prevention of the venereal diseases. Alabama State Teachers College, the American Cast Iron Pipe Company, the Birmingham Public Schools, and the U. S. Public Health Service assisted in planning these activities.

Arkansas

Under the leadership of the State Congress of Parents and Teachers, interest in social hygiene and sex education was stimulated through the inclusion of this topic in the district PTA meetings held throughout the State of Arkansas in October 1944. In November the State PTA president called together a group of interested professional workers representing health, education, religion, teacher training, and parent groups to discuss next steps in Arkansas. A continuation committee was appointed and charged with the responsibility of planning for next steps in a sex education program for the public schools of the state. The chief interest appears to be in education concerning personal, family and human relations.

Arkansas A. M. & N. College at Pine Bluff has sponsored a series of student discussions on the responsibilities of parenthood and the prevention of the venereal diseases.

Delaware

While State Department of Education and Health officials have long been interested in sex education, this interest was definitely crystallized with the formation, in February 1945, of a Delaware Social Hygiene Association. This Association, which has representatives from the two State departments on its board of directors, is concerned with the preparation of teachers to do effective teaching of sex education. One of their projects has been to assist a group of interested teachers in enrolling at the 1945 Institute on Health and Human Relations at the University of Pennsylvania.

An initial question concerning these activities, by religious groups, was met by open discussion participated in by all interested parties. The result was an understanding which is enabling the Delaware program to proceed, with the acceptance of all groups.

District of Columbia

From seminars in teacher-training colleges right down to the level of elementary science, more sex education activity has been noted than in previous years. Two additional important channels for this teaching have been the PTA's and the D. C. Health Department's classes for expectant mothers and fathers—the latter group (fathers) being a new but logical addition to those given sex education.

As the agency having specialized training and skills in this field, the D. C. Social Hygiene Society has been called in by the official

agencies (public school system, colleges and health department) to lead in these teaching efforts and conduct seminars in teacher training; also to do a large share of the venereal disease instruction under the aegis of the Department of Health and Physical Education. In addition to reaching teachers and youth in schools, the Society's Executive Secretary, as Social Hygiene Chairman of the D. C. Congress of Parents and Teachers, gave, with the aid of the Society's educational assistant (now on a full-time basis), 53 lectures to parent-teacher assemblages during the year. These, together with supplemental discussions, pamphlet distribution and movie showings, were vital aids in parent and teacher training.

Florida

The State Board of Health, State Department of Education, State Tuberculosis Association, Florida A. & M. College, and the U. S. Public Health Service are cooperatively planning a five-week institute on the health problems of the Negro in Florida. This institute will give serious consideration to methods of improving the sex education program in the schools. Teachers and community leaders from approximately forty counties in Florida are expected to attend this institute at Tallahassee from June 11-July 13.

Georgia

The State Department of Health has a social hygiene consultant. In cooperation with the State Department of Education, this Consultant has been working with schools throughout the State to stimulate them in their efforts to establish sex education programs. One of the recent contributions was the inclusion of social hygiene education in a workshop for teachers held in Atlanta. The concern in Georgia has been and is very strongly in the direction of insuring better prepared teachers.

Minnesota

The State Departments of Health and Education have a joint program strongly emphasizing the preparation of teachers and providing a program for the State teachers' colleges, designed to prepare their graduates to do sex education work in the schools. The Minnesota program has been designated as a program in Personal Health and Human Relations. Some instructional units for use at the high school level are being developed.

Mississippi

Under the guidance of the State Department of Health and State YWCA leaders, and in response to wide-spread public demand Mississippi has attacked the problem of sex education through a series of institutes designed first to inform leaders at the state level as to the nature of the problem and what could be done. Following this, five other three-day institutes have been held, in which teachers, public health nurses, parents, and child welfare workers have been educated to understand and support a state-wide program. As a result there are now competent individuals who understand the nature of the program and who are in a position to support and

interpret it in 62 of the 82 counties in the State. So wide-spread is the interest that the State Departments of Education and Health have agreed to seek funds for the employment of a regular consultant, who would be assigned to the School Health Division, and will work with the schools and teacher-training institutions to stimulate interest, help integrate materials, plan for technical education, and otherwise insure acceptance and expansion of the program. The Mississippi program has been referred to as "Education for Responsible Parenthood," and the Consultant will be known as the "family life educator." In the summer of 1945 one workshop at Mississippi Southern College will be devoted entirely to this program. Two or three school systems are planning to have groups of teachers attend this workshop.

The Delta Health Council with the cooperation and assistance of the American Social Hygiene Association, the State Health Department, and the U. S. Public Health Service sponsored two social hygiene institutes held at Mound Bayou and Jackson, Mississippi, during March. School and community leaders were very active in these institutes, and an organization was formed to plan a follow-up program.

Nebraska

The state program, which is specifically a venereal disease education program, was described in the January 1945 (pp. 68-70) issue of the JOURNAL OF SOCIAL HYGIENE. Here figures were presented to show that two-thirds of the accessible high school population of Nebraska had had venereal disease education materials presented to them.

New Jersey

For some years interest in school sex education has been keen and actively promoted. A number of individual school systems have well-developed programs. Interest at the state level has been strong among State Department of Education and Health officials, and Parent-Teacher leaders. The widely known publication "Education for Human Relations and Family Life at the Secondary Level" is an outgrowth of the successful experience of New Jersey workers. During 1944 the growing interest at the local level has resulted in a concern for a coordinated program at the state level.

North Carolina

The officials of the State Departments of Health and Education have agreed upon the details of an arrangement to be implemented later whereby a consultant would be employed to work with schools interested in developing programs of sex education. This consultant would work under the direction of the Department of Education and within the Division of Instruction. The consultant would work at programs of in-service and pre-service training of teachers, at the integration of materials in the school curriculum, and as a consultant for school and community groups.

Oklahoma

Social welfare agencies of Oklahoma City have employed an educator for work with both the city schools and community groups on social hygiene activities. This work began about 1942 with the stimulation of interest at the state level in social hygiene work. This worker is serving as State Chairman of the Committee on Education and Prevention of the Oklahoma Social Hygiene Association, and is also cooperating with the state and local PTA in advancing their social hygiene education programs.

Oregon

The Division of Social Hygiene Education at the Medical College of the University of Oregon has a hopeful program of working with schools in helping them develop the materials and the ability to carry on their own programs of social hygiene education. In two years the Division has helped a great many schools within the State.

Wisconsin

A pioneer in State aid in social hygiene work with the schools, since the close of World War I, the State Department of Health has had a staff of trained workers as lecturers for high schools and parent groups throughout the State. More and more attention is being directed toward helping schools and teachers to establish and carry forward their own programs of sex education, with increasing emphasis on education for normal relations of the sexes.

Other States

The States mentioned in the foregoing have been given special attention because their recent activities have centered in State programs. Such central planning and direction is important because most schools have not yet developed leaders. But the fact must not be overlooked that some of the most promising sex education programs are developing locally and independently. In 1944, the Association received reports of good local programs in about 25 States, most of which are continued from earlier years.

Here are some random notes regarding activities in various states: This coming summer **California** will hold a series of short institutes for teachers—at Berkeley, Chico, San Jose, Fresno, Los Angeles, and San Diego. In each of these institutes sex education will be stressed. . . . Courses will again be conducted at **Chautauqua** in social hygiene and family life education, credited by New York University. The Teachers College at **New Haven, Connecticut**, is cooperating with the State Department of Education, in offering a course the second semester of 1944-45 on "Health and Human Relations" to prepare teachers for work in the public schools. . . . The **Indianapolis, Indiana** schools arranged for the U. S. Office of Education Consultant to confer with members of the school faculties on ways of building better sex education programs. . . . Education and health authorities in both **North Dakota** and **Kansas** have been actively interested in incorporating

a better program of sex education in the school plans. In both states institutes for selected teachers, to prepare them for sex education work in their schools, are being promoted. . . . In **Maine**, State education officials of the State Department of Education and the State teacher training institutions are to confer in May 1945 on the status of social hygiene education in that state. In **Maryland**, emphasis on social hygiene is planned for inclusion in the summer health education workshop to be held in the State Teachers College at Towson. . . . In **Pennsylvania**, at Philadelphia, the Institute on Health and Human Relations sponsored in the summer sessions of 1943 and 1944 and planned for 1945 by the University of Pennsylvania and the State College has done much to stimulate interest. . . . In **Virginia**, Radford College conducted a Health and Human Relations institute for teachers in the summer of 1944 and enrolled some twenty teachers from as many schools. This program will be continued in the summer of 1945. . . . Hampton Institute, during this semester, is offering an elective course in Health and Human Relations with special interest on preparation for marriage and parenthood. This course is being offered on an inter-departmental basis. The U. S. Public Health Service assisted in the planning and inauguration of the project. . . . In the State of **Washington**, a series of health and physical education conferences were planned which included emphasis on sex education, but had to be given up because of the Government's restrictions on travel. . . . Units on sex education were included in the health education and physical education curricula for junior and senior high schools in the workshop held at the University of **Texas** last summer. . . . In the Lexington, **Kentucky**, schools a health and human relations program was planned in 1943 and has been in operation since. Parental approval has been forthcoming, and comments from pupils and citizens have been uniformly favorable. This program was initiated as a cooperative project of the State Departments of Health and Education and the Lexington schools. . . . In **South Carolina** the State Department of Education officials and the school authorities in Columbia are interested in the development of sex education programs. . . . During the past year the education officials of both **West Virginia** and **Tennessee** have given expression to their interest in sex education through inviting speakers to present the issues before state educational groups. . . . **West Virginia** State College at Institute sponsored, during the month of February 1945, a series of lecture-discussion sessions on social hygiene. A faculty committee is now at work planning to integrate sex education in the regular courses offered.*

National Organizations Approve

The last year has also seen the addition of some powerful support to the cause of sex education. The Federal Council of the Churches of Christ in America adopted a resolution on "The Problem of

* See pp. 228-9 for additional information on summer courses.

Venereal Diseases'' at their biennial conference, which clearly calls for a comprehensive educational approach involving sex education and moral education. This resolution was quoted in the January issue of the JOURNAL OF SOCIAL HYGIENE (p. 63). The United States Junior Chamber of Commerce adopted a project in sex education as one of the projects in their public health manual. The National Congress of Parents and Teachers reaffirmed their belief in and support of social hygiene education programs, and a number of state P.T.A.'s have adopted similar resolutions. Sex education was declared necessary by the Educational Policies Committee of the National Education Association in their publication, *Education for All American Youth*.

Conclusions

Out of this wide-spread interest certain definite conclusions begin to emerge:

1. Our education officials have accepted much more definitely their responsibility for doing something in the way of sex education as is evidenced by the numerous efforts to provide opportunities for teacher education in this field and the incorporation of pertinent materials into school programs and courses of study.
2. The integration of sex education into the regular program of the school has been generally accepted as the most satisfactory way of carrying this work forward. The day of one or more "social hygiene lectures" in schools, as the sole method of instruction, is practically done.
3. The human relations emphasis in which sex is regarded as an integral part of total human living and adjustment is meeting with increasing approval.
4. Venereal disease education as the central or exclusive emphasis in sex education is no longer approved by competent leaders in education.
5. A pattern of cooperative attack, in which state and local departments of health and education, often joined by the P.T.A. and welfare agencies, work together to advance sex education programs, is becoming increasingly common. This means that rather than being the pet program of one zealous individual, influential persons from various groups and agencies have accepted the responsibility for progress in developing sex education.
6. Increasing support and interest is clearly shown by the number of states with some definite official interest (28 out of the 48), by the number of teacher education programs, and by the supporting resolutions from various groups.

SEX EDUCATION IN SUMMER COURSES INSTITUTES AND WORKSHOPS—1945

California: Six short institutes on problems of youth, with emphasis on sex education, at: University of California, Berkeley, June 14-16; Chico State College, June 18-19; San Jose State College, June 20-21; Fresno State College, June 22-23; University of Southern California, Los Angeles, June 25-27; San Diego State College, June 28-29. For further information write to Miss Charlotte D. Elmott, Santa Barbara City Schools, 115 West Victoria Street, Santa Barbara.

American Institute of Family Relations, Los Angeles, California: *Seminar in the Technique of Counselling.* Correspondence course, \$25. Twelve discussion sessions, Tuesdays 4-5:30 P.M., June 26-September 11, limited enrollment for subscribers to the correspondence course. For further information and registration, write to the Institute at 607 South Hill Street, Los Angeles 14.

University of Denver, Colorado: *Eleventh Summer Institute on Parent Education,* June 25-29. Visiting Specialist, Mrs. Frances Bruce Strain; Discussion Chairman, Mrs. Ola A. Burgesser. Theme—*The Mental Hygiene of Childhood.* For further information write to Director of the Summer Quarter, University of Denver, Denver 10.

Colorado State College, Fort Collins, Colorado: *Curriculum and Methods in Family Relations.* Instructor, Eva W. Scully. *Case Studies in Personality Development.* Instructor, William T. Nicholas. June 25-July 20.

Florida: A. & M. College, Tallahassee: *Institute in Health Education,* for Negro teachers and leaders with special emphasis on social hygiene, June 11-July 13. Given by staff of U. S. Public Health Service, under joint sponsorship of Florida State Board of Health and State Department of Education. Credit given to qualified students. For further information write to Dr. William H. Gray, President, Florida A. & M. College.

National Institute of Health, Bethesda, Maryland: *Health Education Workshop,* August 13-25, for directors of health and physical education and those responsible for health service or health education in Negro teacher training institutes. Given by U. S. Public Health Service and U. S. Office of Education. For further information, write to U. S. Public Health Service, Bethesda, Maryland.

University of Minnesota, Minneapolis: *Personal Health and Human Relations.* Instructors, Dr. N. O. Pearce and Miss Lillian Biester. For further information write to Secretary, Summer Session, University of Minnesota.

Mississippi Southern College, Hattiesburg: June 11-July 13. Program for teachers conducted by University of Mississippi, with central theme of education for parenthood, sex adjustments and human relations. For further information write to Dr. William G. Hollister, State Department of Health, Jackson 113; or Registrar, University of Mississippi, Oxford.

New York University, New York: *Family Relations.* Instructor, Dora S. Lewis. *Social Problems of Families.* Instructor, Josephine Kremer. July 3-20.

Teachers College, Columbia University, New York: *Building Curriculum Materials for Family Problems.* Instructor, Rose Cologne. July 23-August 10.

Chautauqua Summer Schools, Chautauqua, New York: *Education for Family Life, Parts I and II.* Also *Personal Hygiene.* July 9-August 17. Instructor, Dr. Mabel G. Leshner. Graduate and undergraduate credit by New York University, two points for each of the three courses. For further information write to Secretary of Summer Schools, Chautauqua, New York.

University of North Carolina, Chapel Hill: *Social Hygiene Education Workshop*, in connection with the *Institute for Education in Natural and Human Resources*, July 16-August 21. Six semester hours. For further information write to Dr. W. Carson Ryan, University of North Carolina.

University of Cincinnati, Cincinnati, Ohio: Two accredited two-hour courses on social hygiene, June 25-July 31. Instructor, Roy E. Dickerson. For further information write to Registrar, Teachers College, University of Cincinnati.

University of Oklahoma, Norman, Oklahoma: *Seminar in Family Relations*.

Pennsylvania State College, Pennsylvania: Inter-session June 11-27; main session, June 29-August 10. *Psychology 437 (Mental Hygiene)* designed for teachers and counselors, including marriage counselors; both sessions. *Psychology 419 (Education and Guidance in Sexual and Marriage Adjustment)*; main session only. Graduate and undergraduate credit for both courses. For further information write to Pennsylvania State College School of Education.

University of Pennsylvania, Philadelphia: Third annual course in *Health and Human Relations*, June 27-August 1 and July 5-August 8 (two identical staggered courses), Neurological Building, Hospital of the University of Pennsylvania. By School of Education and Institute for the Control of Syphilis, under sponsorship of U. S. Public Health Service, Pennsylvania State Department of Health, Philadelphia Department of Public Health, and Division of Medical Services of the Philadelphia Board of Public Education. Two weeks graduate seminar after August 8 if demand justifies. Admission to qualified students on specific recommendation by school, nursing, social agency, health educational or public health authority in applicant's present or intended field of activity. Five semester credits, graduate or undergraduate, in School of Education. Faculty comprises two dozen or so experts from the various sponsoring agencies and several guest lecturers from related fields. For further information and enrollment forms write to Dr. Virgene S. Wammock, Assistant Director, Institute for the Control of Syphilis, Hospital of the University of Pennsylvania, 36th and Spruce Streets, Philadelphia 4, Pennsylvania.

University of Tennessee, Knoxville: *Problems of Family Adjustment*. Instructor, Evelyn Millis Duvall. July 19-August 6.

Radford College, Radford, Virginia: *Workshop on Health and Human Relations*, for teachers, July 21-August 25. Also *Conference on Guidance for the Personal Problems of Teen-agers*, one unit of which will be devoted to sex education. For further information write to Dr. M'Ledge Moffett, Radford College.

"Sex education if properly taught to Negro youths, would assist in preventing the spread of social diseases, delinquency, neurosis, the prevalence of prostitution and the rise of the illegitimate birth rate. The children of unwed mothers are integral parts of Negro citizenry. The child who grows up unwanted, unloved, scorned and insecure is pretty shabby material from which to mould a healthy and progressive race. Knowledge of sex is not sufficient. An endeavor must be made to instill ideals that will conduct sex into its proper channels. Negro parents, because of their economic status, which necessitates both parents working long hours, find it difficult to guide children in the paths necessary for correct education in sex. The parents make the fatal error of attempting to give all the needed information at once, or of failing to mention it at all. The schools can assist the parents by instructing the children in a wholesome manner and giving facts without coloring them. Sex education must become a part of the Negro school curriculum."

DOLLIE R. WALKER

Social Worker, The Family and Henry Watson's Children's Society, Baltimore, Maryland, in an article, *The Need of Sex Education in Negro Schools*, Journal of Negro Education, Spring, 1945.

EDUCATION AND GUIDANCE CONCERNING HUMAN SEX RELATIONS

NOTES FOR PARENTS AND TEACHERS

MAURICE A. BIGELOW, PH.D.
*Chairman, Committee on Education,
American Social Hygiene Association*

EDITOR'S NOTE: *The following statement, prepared for inclusion among Program and Publicity Aids for Social Hygiene Day, 1945, is published in response to continuing demand for a brief summary of trends regarding this topic.*

(1) It is generally recognized that all normal young persons need some instruction and guidance concerning the relations of the two sexes; all boys and girls need some "sex education." The only important questions now open for consideration by parents and teachers are those which relate to the details of matter and methods, such as what should be taught at certain age levels, how the teaching should be conducted, who should teach—for example, parents, teachers, religious leaders, and other experienced counselors of youth, what parts in the teaching and guidance should be played by the home, the school, the church, and the community.

(2) "Sex education," mentioned above, is not a name for a course of study, but it is a convenient headline for any educational plans which aim to help young persons understand and appreciate the normal human relations between the sexes, including biological or physical, psychological or mental, and social relations. It has not been a generally satisfactory name for public use in connection with school programs. "Social hygiene education" has similarly been open to misunderstanding.

(3) There has long been a definite trend towards teaching children in home or school the so-called "facts of life" as integral parts of human relations in general. As a rule, isolated lessons or talks in the domain of sex are no longer approved by competent educators.

(4) There should be no "sex courses" by special teachers in high schools and early college years. As a rule, special "sex talks" to groups of young students are not recommended. But there should be well-planned programs in which instruction concerning normal

human sex relations is integrated in harmony with the fact that sex is an integral and not an isolated function and influence in normal living. In addition to planned integrated studies, there are many opportunities for incidental sex instruction and guidance in home and school and church. This is an important point. For example, children acquire most of their manners and good habits and morals by incidental and not by planned instruction in home or school; and much of this is acquired in the home and community before the child enters school.

(5) Many integrated studies in schools should be based on human relations which are at basis sex relations but which are not commonly thought of as matters of sex. Examples are: heredity and reproduction taught in biology, mental hygiene of some common personal relations, many situations arising in the home which bear upon family life education.

(6) Information and education concerning the venereal diseases should be included in units of instruction on communicable diseases in health education—not as part of sex education.

(7) The integrated sex education suggested in (3), (4) and (5) above, has two clearly defined phases of subject matter: (a) Health Education, (b) Social or Human Relations Education. These overlap and should be integrated at many points.

(8) There is in many schools in many States good integrated sex education to which this term is not applied officially. For such programs we need an acceptable name. The growing recognition of the two phases of sex education as indicated in (7) above is leading to their integration in "programs or studies of health and human relations," which include much more than sex relations.

(9) At least five groups of courses in high schools are logical centers for the most desirable integrated instruction on the normal relations of the sexes. They are as follows:

- (a) Biology, extended to include human heredity and reproduction.
- (b) Health education often included under physical education, physiology, or hygiene.
- (c) Social studies, under various names.
- (d) Family life courses, usually under home economics in schools, more often under sociology in colleges.
- (e) English composition and literature.

(10) Personal counseling must be considered a very important part of sex education programs under any names. Many students in schools and colleges need confidential counsel regarding: (a) Per-

sonal health, physical or mental. (b) Personal problems of interpersonality relations, sex, love, marriage, and family life. Of course cases of physical and mental health should be referred to competent medical advisers. Regular teachers and official advisers usually deal first with most student cases of personal problems; and lucky is the student who finds that his teacher or welfare dean is a "specialist in common sense." In perhaps a majority of cases the young person who seeks help needs most of all an experienced, respected and sympathetic adviser who will help the bewildered one "think through" his own problems. These frequently involve more or less the various relations of the sexes, and the counselor has a challenging opportunity for tactful guidance which is really a phase of sex education in its largest sense.

(11) Teachers now in service should be encouraged to include in the five fields under (9) above, materials related to studies of integrated sex education or human relations. Students in training in teachers colleges and departments of education can be better prepared, because they have more time for thorough study. All teachers who are expected to give attention to points in their own fields which fit into the sex education program as outlined in the foregoing (1) to (10), should have in their preparation the following: (a) a general view of the whole program herein suggested under the phrase "studies in health and human relations"; (b) some special study or review of the teacher's own field with reference to its possible contribution to education about the relations of the sexes. The problem of the teachers in the five fields listed in (9) is to help the students understand as scientifically and objectively and impersonally as possible the individual and community sex problems involved in their studies. It is not good for young students to get the idea that they are being deliberately "sex educated." It is far better for them to know that they are learning from teachers and books how to manage their lifelong human relations with other persons, especially with reference to family life in which is centered the deepest interest of most normal individuals.

References: The points stated in (1) to (10) above have been drawn from the following publications:

- "Human Relations Education." *School and Society*, November 1941.
- "Sex Education in School Programs on Health and Human Relations." *Journal of Social Hygiene*, February 1944. Reprinted as Pub. No. A-546.
- "Sex Education Integrated in Studies of Health and Human Relations." (For educational leaders and teachers of sex education.) ASHA mimeo bulletin, 546M, October 1944.

Reprints of these articles may be obtained from the Publication Service, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

EDITORIAL

"THE SEX EDUCATION IDEA"—A CONCEPT WITH A FUTURE

In December, 1941, when the United States went to war, social hygiene had been at the front for more than two years. As in World War I, the American Social Hygiene Association was one of the first voluntary organizations to be called to the colors. From September, 1939, when President Roosevelt first declared a limited emergency and the national defense program began, the emergency job of helping to protect the efficiency, health and welfare of the armed and industrial forces from venereal diseases and prostitution has had first claim on both national and community social hygiene agencies across the land.

The Association said then, in a public announcement:

"This emergency job . . . requires to some extent temporary sacrifice of other work. But advance in any field of social hygiene effort means advance in all, and concentration on war work means also progress on the long-range program planned by the founders of the movement."

The national scene today, as reflected in facts and opinions presented in such compilations as this number of the JOURNAL OF SOCIAL HYGIENE on *Recent Progress in Sex Education*, certainly seems to prove the truth of this theory. While state and community leaders have been concentrating on helping Army and Navy to bring about "the lowest VD rate in wartime history" among soldiers and sailors, they have apparently had brought home to them, more strongly than ever before, the reasons behind these figures—high or low—and have become convinced that the broad-gauge, long-range program of education to influence sex conduct towards decency is the only lasting way to avoid venereal diseases—as well as to build successful lives and families.

Public health workers and the medical profession especially, while hailing the new rapid treatments for VD as blessings to humanity, are emphasizing anew the increased need for education on the positive side of sex and morality as a basic principle of character. Other community officials and workers are urging renewed education of this type as a bulwark against the "emotional unrest" already

stirring and likely to gather volume and impetus as we move toward postwar days. The three million and more clubwomen of the country are launching a Youth Conservation Committee with aims directed along these lines. The parent-teacher groups, the chambers of commerce and many other organizations and agencies are undertaking other projects which will reach down to the very roots of the nation's life.

It is encouraging to those who for many years have held high the long-range goals of social hygiene to note this new consciousness of the need for such education among others with whom more immediate interests and objectives naturally come first. It is especially encouraging to veterans in social hygiene education to find new concepts developing and new methods being tested to meet varying situations and conditions. As indicated in the various projects described, many ways of approach are being developed through national, state and community work—but the “sex education idea” as the Association's National Education Committee terms it, is always the central theme and the guiding light, and the ends in view are the same.

More than twenty-five years have rushed by since the Association's leaders, then as now preparing to face problems of a postwar world, undertook the first organized nation-wide program to strengthen family life by teaching the values of sex as a normal, positive force. At that time, as at all times since, “all forward looking men and women” were urged to join in this effort. That invitation is extended with reinforced cordiality and sincerity today. Let all who will, fall in line to work with those who are striving to provide new opportunity for youth to grow up “physically strong—morally straight,” and for the creation of a broad new realization of the strength and permanence which may be given to marriage and family life through sound sex instruction and education for human relations.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

American Social Hygiene Association Establishes Committee on Inter-American Cooperation.—Surgeon General Thomas Parran, Chairman of the Association's General Advisory Committee, has announced the establishment of a section of the Committee for the purpose of furthering cooperation with the other American Republics, and to give recognition, consideration and guidance to the Association's activities in this direction.

The new Committee was voted into being at the Association's Annual Business Meeting in Chicago, on February 7, following discussion and approval by the Executive Committee and the Board of Directors. Dr. Ray Lyman Wilbur, the Association's President, will serve as Chairman, and Miss Jean B. Pinney, Director of the Washington Liaison Office, as Secretary.

From its earliest beginning the Association has had many members and friends among the Latin American countries, most of these relationships dating back to the year 1920, when the ASHA was the principal sponsor of the All-America Conference on Venereal Diseases, held in Washington, D. C. with 450 delegates in attendance, and an enrollment of more than 3,000 persons from the Western Hemisphere.

Continuous cooperation has been maintained also through the Pan American Sanitary Bureau in Washington, through other Bureaus and Commissions of the Pan American Union, and more lately through the numerous ramifications of the Office of Inter-American Affairs. The Regional Social Hygiene Conference held in San Juan, Puerto Rico, in February, 1944, which was attended by representatives of eight Caribbean countries, helped to cement relationships and to increase opportunities for ASHA service, one recent feature being the establishment in October, 1944, of a Field Office in Puerto Rico, with a full-time Field Representative in charge. ASHA staff members have participated as consultants in such meetings as that of the United States-Mexico Border Public Health Association, held annually in El Paso, Texas, and Juarez, Mexico. Information concerning social hygiene work in the other countries has been brought to the Association's members and friends and to a wide circle of other readers through publication of special articles and news items in the JOURNAL OF SOCIAL HYGIENE, while the Association's pamphlets, Social Hygiene Day Program and Publicity Aids, films and other materials have been circulated throughout the other Republics through the Office of Inter-American Affairs and the Pan American Sanitary Bureau.

It is believed that the establishment of the new Advisory Committee section will help greatly in further exchange of information and in building of additional friendly relations, as well as in extending the scope of the joint effort for better health and stronger family life in which all are concerned.

National Venereal Disease Committee Meets in Washington.—At the invitation of Federal Security Administrator Paul V. McNutt, the National Venereal Disease Committee, set up in 1944 "to plan new programs in the fight against VD" held its third meeting in Washington, D. C., on February 27. With Watson B. Miller, Assistant FSA Administrator, presiding, and representatives of medicine, nursing, public health, the press, educational and church groups, as well as Army, Navy, U. S. Public Health Service and the American Social Hygiene Association attending, a full day of discussion and conference occurred.

Among the items of immediate interest was the May Act, Public Law No. 163, which prohibits prostitution around military and naval establishments, and which by the terms of the statute, expires on May 15th, 1945. The Committee agreed to recommend to the Congress that the Act be extended.

Discussion also centered around the necessary steps to be taken to ensure continuous advances against promiscuity and prostitution as problems of morals and major social evils. Concerted community attack was pronounced the most effective means of combating all of these menaces to health and welfare.

A study was presented on the problem of the incidence of venereal disease among Negroes, pointing out that these diseases are seven times as prevalent among the low-income groups among which the greatest proportion of the Negro population is found. After discussing this report, the committee approved recommendations for studying, planning and carrying out an intensified program to deal constructively with the health, social and welfare aspects of VD and prostitution among Negroes. A study is also to be made of the need and possibility of extending medical facilities for Negroes and utilizing additional Negro professional personnel to treat VD, provide law enforcement against prostitution and to carry out VD educational programs.

A subcommittee, headed by Rev. Roswell P. Barnes, associate general secretary of the Federal Council of the Churches of Christ in America was charged with the responsibility of carrying out the recommendations of the committee, regarding the May Act and the social implications of VD and prostitution, with emphasis on the Negro problem.

The following representatives of voluntary organizations were present: Rev. Roswell P. Barnes and Dr. Beverly Boyd, of the Federal Council of the Churches of Christ in America; Dr. Mordecai Johnson, of Howard University; Rev. James M. Lawlor, representing Rt. Rev. Howard J. Carroll, National Catholic Welfare Conference; Dr. Alphonse M. Schwitalla, S.J., of St. Louis University School

of Medicine; Dr. T. K. Lawless, of Providence Hospital, Chicago; Dr. William F. Snow and Miss Jean B. Pinney, of the American Social Hygiene Association; Mrs. Mabel K. Staupers, of the National Association of Colored Graduate Nurses; Bishop R. R. Wright, Jr., of the Fraternal Council of Negro Churches; Dr. Belmont Farley, of the National Education Association; and Fred Roff, Chief of Police, Morristown, N. J.

Representatives of the Government were: Lt. Col. Thomas H. Sternberg, Surgeon General's Office, War Department; Commander W. H. Schwartz (MC), USN, Navy Bureau of Medicine and Surgery; Dr. George E. Parkhurst, representing Dr. J. R. Heller of the United States Public Health Service; Eliot Ness, former director of the Social Protection Division, as consultant; Mark A. McCloskey, director of Community War Services, FSA; and Thomas Devine, director of the Social Protection Division.

Social Protection Division Sponsors VD Control Conferences.—Three outstanding regional conferences were held recently—in Oklahoma City, March 2-3; San Antonio, March 5; and Columbia, South Carolina, March 8—under the auspices of the Social Protection Division, with cooperation from Army, Navy, USPHS, ASHA, and state and local official and voluntary agencies.

Making the tour as principal speakers at these meetings was a team including the following representatives of national agencies: Dr. John R. Heller, USPHS; Lt.-Col. Thomas H. Sternberg (MC), U. S. Army; Commander Walter Schwartz (MC), U. S. Navy; Mark McCloskey, Director, Community War Services, Federal Security Agency; Thomas Devine, Director, Social Protection Division; and Dr. Walter Clarke, Executive Director, ASHA.

The meetings in each case, included morning, afternoon and evening sessions. Aside from the team of speakers mentioned above, the following were among regional, state and community participants:

At Oklahoma City—(Shrine Auditorium) March 2-3.

Hon. Robert S. Kerr, Governor of Oklahoma; Hon. R. A. Hefner, Mayor, Oklahoma City; General Richard Donovan, Commanding General, Eighth Service Command; Rear Admiral A. C. Bennett, Commandant, Eighth Naval District; L. M. Jones, President, Oklahoma Social Hygiene Association; Dr. G. F. Mathews, State Health Commissioner; Dr. David V. Hudson, Director of Tulsa Cooperative Clinic; Dr. C. B. Taylor, Director of Oklahoma City VD Clinic; Dr. Paul T. Powell, Health Officer, Kay County; George O'Neal, VD Investigator; Dr. Charles A. Shumate, Medical Officer in Charge, Pine Mountain Medical Center; John Cantrell, Supervisor, VD Education, Oklahoma State Health Department; Dr. John A. Cowan, Director, VD Division, Oklahoma State Health Department; Mrs. E. Lee Ozbirn, General Federation of Women's Clubs; Hon. Olney Flynn, Mayor, Tulsa, Oklahoma; W. O. Allen, Assistant Manager, Skirvin Hotel; Prentice C. Lackey, State Director, Brewing Industry Foundation; Wayne Stephens, County Attorney, Kay County; Eleanor Taylor, Director, U.S.O. Travelers' Aid, Oklahoma City, Oklahoma; B. Massey, Norman Junior Chamber of Commerce; Mrs. Lola Pearson, Federation of Women's Clubs.

At San Antonio, Texas (Gunter Hotel) March 5.

Dr. Lewis C. Robbins, Director of Public Health, San Antonio Health Department; Hon. Preston L. Anderson, Commissioner of Fire and Police, San Antonio, Member of the National Advisory Police Committee on Social Protection; Brig. Gen. C. K. Nulsen, Commanding Officer, Fort Sam Houston; Dr. Arthur G. Schoch, Associate Professor of Dermatology and Syphilology, Southwestern Medical Foundation, Dallas; Dr. J. Manning Venable, Chairman, Committee on Venereal Diseases, Bexar County Medical Society; Lt.-Col. Louis B. Arnoldi, Venereal Disease Control Officer, Central Flying Training Command, Randolph

Field, Texas; Major Harry W. Roberson, Provost Marshal, San Antonio; Inspector L. D. Morrison, Director, Crime Prevention Bureau, Houston; Scott Hardy, Executive Vice-President and General Manager, Texas Hotel Association; Mrs. Laura Waggoner, Associate Secretary, Community Welfare Council, San Antonio, Texas; P. A. Sanitarian (R) Tom B. McFarlin, U. S. Public Health Service, District 9, Dallas; Charles W. Anderson, County Judge, Bexar County; Reagan Houston, Chairman, San Antonio Board of Health; Dr. Robert T. Potter, Chief, Division of Venereal Disease Control, San Antonio Health Department; Reverend Floyd Allen Bash, Pastor, Central Christian Church, San Antonio; Dr. George W. Cox, State Health Officer, Texas State Department of Health; Dr. T. E. Dodd, Director, Division of Venereal Disease Control, Texas State Department of Health; Commander T. A. Fears, Venereal Disease Control Officer, Eighth Naval District; Dr. Chester N. Frazier, Professor of Dermatology and Syphilology, University of Texas School of Medicine; Medical Director (R) Udo J. Wile, USPHS, Professor of Dermatology and Syphilology, University of Michigan; Homer W. Garrison, Jr., Director, Texas State Department of Public Safety, Member of the National Advisory Police Committee on Social Protection; Fred R. Kearney, Executive Secretary, Texas Social Welfare Association; Henry Love, Chairman, Military Affairs Committee, Texas Hotel Association; Dr. T. J. McElhenney, State Chairman, Child Welfare Committee of American Legion and American Legion Auxiliary; Bascom Johnson, Director, Division of Legal and Protective Services, American Social Hygiene Association; Dr. E. F. McIntyre, Director, Division of Venereal Disease Control, New Mexico State Department of Public Health; Lt.-Col. Leonard A. Dewey, Venereal Disease Control Officer, Eighth Service Command; Medical Director K. E. Miller, Director, U. S. Public Health Service District 9, Liaison Officer, Eighth Service Command; Hon. Gus B. Mauermann, Mayor, San Antonio; Maj. Gen. Richard Donovan, Commanding General, Eighth Service Command; Assistant Surgeon General C. L. Williams, Chief, Bureau of State Services, U. S. Public Health Service; Reverend Paul J. Ehlinger, Archdiocesan Director Catholic Welfare Bureau, San Antonio, Texas; Dr. John N. Whitney, Superintendent, City Health Department, New Orleans, Louisiana.

At Columbia, South Carolina—(Laurel Street U.S.O.) March 8.

Senator Edgar Brown; Hon. Ransome J. Williams, Governor; Hon. Fred Marshall, Mayor, Columbia; Brig. Gen. Duncan Richart, Commanding General, Fort Jackson; Eugene Salmon, Chairman, Columbia Social Protection Committee; H. S. Reeves, S.C. Social Protection Representative, Earle G. Lippincott, Regional Representative, Social Protection Division; Hon. Alex Heise, Sheriff, Richland County; Hon. Jos. M. Fromberg, Judge Recorder Court, Charleston; Mrs. Florine Ellis, Social Protection Representative, Past Executive Secretary, Family Welfare Association, Greenville; C. O. Getty, Chairman, Education Section, Charleston Social Protection Committee; Dr. Ben F. Wyman, State Health Officer; Dr. Joe M. Chisolm, State Director, Venereal Disease Control; Dr. Ford Williams, Sr. Medical Officer, S. C. Public Health Hospital.

Health Chairmen of Women's Clubs Confer.—A five-day conference of State Health Chairmen of women's clubs was held in Washington during the last week of March under a joint arrangement of the General Federation of Women's Clubs with the U. S. Public Health Service, to give representatives a better knowledge of health problems. Health chairmen from Federated Women's Clubs of 21 states attended, and will in turn train volunteer workers throughout the country, to improve cooperation in public health between citizens' groups and public health authorities.

Mrs. Lafell Dickinson, President of the General Federation of Women's Clubs, in opening the conference, cited the 4,500,000 rejections for military service due to physical defects as an "indictment" of American homemakers. "I think we women are to blame," she said. "I think the situation is evidence that we have failed to bring up and feed our children properly, failed to find out about or take full advantage of health measures which might have corrected

many defects." Surgeon General Thomas Parran, USPHS, addressing the conference, stated that citizen participation would be increasingly needed if public health is to progress. Citizen-understanding, he said, is especially important in such problems as the reduction of infant mortality, control of venereal diseases, improvement of nutrition, and early diagnosis of cancer.

Social hygiene aspects of the Health Institute were discussed before the group by Medical Director John R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service.

War Department Women's Interests Section Holds Regional Conferences.—Member organizations of the War Department's Women's Advisory Council sent representatives to 18 regional conferences held across the country during the fall of 1944 and in early 1945 by the Women's Interests Section in all nine Army Service Commands. The 1,106 delegates attending represented 35 organizations, including ASHA. Purpose of the meetings was to reach key women of the Advisory Council groups, to explain current Army programs and to enlist the aid of delegates in disseminating the information made available at the conferences in their own states and communities. All conference programs included talks on 1. *Soldier Morale*; 2. *Separation Procedures*; 3. *Medical Department's Reconditioning Program*; 4. *Need for WACs and Army Nurses*; 5. *Materiel Production Requirements*. Men returned from war fronts spoke at all meetings, and representatives of American Red Cross outlined its Home and Hospital Services.

New Treatments Increase Rapid Treatment Center Capacity.—VD patients are now being treated in Rapid Treatment Centers at a rate of about 150,000 per year according to USPHS *VD War Letter*, based on figures for January 1945. During that month 12,477 admissions were reported in the 56 Centers, or more than three and a half times the number of admissions reported for May 1944. The speed with which patients are being given complete courses of therapy has more than tripled since May, with a present average stay of 11 days for syphilis and five days for gonorrhea, compared to the 36 days for syphilis and 22 days for gonorrhea of last May.

Of the patients admitted to the Centers, nearly half in January were infected with syphilis, and more than half with gonorrhea. Both syphilis and gonorrhea were found in 1,350. Patients with syphilis in the highly infectious primary, and secondary stages are being admitted to the Centers at the rate of 27,000 per year with an estimated 25,000 rendered noninfectious during a year at the present rate; while in the clinics reporting, an estimated 13,000 per year of primary and secondary syphilis cases can be regarded as having minimum protective therapy.

Necessity for greatly increased emphasis and action in locating and placing under treatment early infectious cases of syphilis, if the spread of the disease is to be controlled, is shown in a comparison of data for the past four years of cases reported and admissions to clinics. During that period there has been no decrease in the percentage of early latent and late latent cases which should be found if the early cases were being found and cured in large enough numbers to reduce the prevalence of the disease.

Figures on the reporting of VD for the past eleven years show a steady increase almost every year. Both syphilis and gonorrhea cases reported for 1944 were more than double the numbers reported for 1934. Some reasons

for this increased reporting, *VD War Letter* says, are the development of a nationwide system of clinics, laboratories, reporting systems and public education, and increased cooperation of private physicians. Year-to-year numbers of cases reported are shown in the following table by thousands:

Year	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Syphilis ..	231	255	267	336	480	486	487	495	489	597	474 thousands
Gonorrhea.	153	162	162	182	198	185	180	198	220	282	312 thousands
Total (in round numbers)	384*	416*	429*	519*	679*	671*	668*	693*	719†	874†	798†thousands

* Includes syphilis and gonorrhea only. † Includes all VD.

Army Has New Chief of Chaplains.—Major General William R. Arnold, whose eight-year tour as Chief of Chaplains will shortly expire, has been designated as Assistant Inspector General in the office of the Inspector General of the Army, with duties relating to the affairs of the Chaplain Corps and religious matters concerning the Army. He will shortly go overseas on an inspection tour.

General Arnold's successor will be Colonel Luther D. Miller, of the Episcopal faith, who has just completed 33 months of service in the Southwest Pacific Theater. A native of Pennsylvania, graduate of Chicago Theological Seminary (1917), and of the Chaplain School, Fort Knox (1922), Chaplain Miller has served in the Army since August 1918.

Navy Chaplain Head Promoted.—Chaplain Robert D. Workman, director of the Navy Chaplains' Division, since 1937, has been officially designated Chief of Chaplains of the U. S. Navy with the rank of Rear Admiral. Notice of the appointment was forwarded to the Pacific where he was on tour. He was ordained a minister of the Presbyterian Church in 1915 following completion of study at Wooster College and Princeton Theological seminary. Prior to enrollment at Wooster, he served as an enlisted man in the U. S. Marine Corps from 1905 to 1909. He has been on active duty as a member of the Chaplain Corps, U. S. Navy, since 1915.

Fellowships for Health Education Training to Be Awarded by USPHS and Infantile Paralysis Foundation.—Fellowships for graduate work in health education are being offered to qualified applicants by the U. S. Public Health Service, in cooperation with the National Foundation for Infantile Paralysis, for the collegiate fall term of 1945, to help meet present and future needs for trained health educators in schools, communities, and local, State and Federal health departments. Men and women between the ages of 22 and 40 who are citizens of the United States and who hold a bachelor's degree from a recognized college or university may apply.

Fellowships will lead to a master's degree in public health. The 12 months' training period will consist of nine months in the School of Public Health at the University of North Carolina, Yale University or the University of Michigan, and three months' field experience in community health education under supervision. Applicants must

meet the requirements for admission to the Schools of Public Health. Training in science, sociology, education, and psychology, plus experience working with people are desirable prerequisites.

The fellowships provide a stipend of \$100 a month for twelve months, full tuition, and travel for field experience. Candidates must pay their travel to and from the university at the beginning and end of training. Fellowship application forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington 14, D. C. Applications must be accompanied by a transcript of college credits and a small photograph, and must be in the office of the Surgeon General not later than June 1, 1945.

Venereal Disease Control Course to Be Given at Harvard.—The short intensive course on VD Control offered at the Harvard School of Public Health is scheduled this year for May 28–June 15, followed a few days later by an examination.

Dr. Walter Clarke, Clinical Professor of Public Health Practice, Harvard University, and ASHA Executive Director, gives the course, intended primarily for regular candidates for the degree of Master of Public Health. A few special students who meet the entrance requirements of the School will also be accepted. Inquiries should be addressed to the Harvard School of Public Health, 55 Shattuck Street, Boston, Massachusetts.

“Social hygiene education is now understood to include all educational measures which may help human beings of any age, especially in childhood and youth, to meet the problems or situations of life that have their origin in human sex relations and the sex instinct—problems that inevitably come in some form into the experience of every normal human being. These problems extend over a vast range of life’s experiences from simple little matters of personal sex health to the exceedingly complicated physical, mental and social relationships that concern marriage and the family. . . .

“ . . . Social hygiene education should stress sex ethics or moral standards. The marvelous progress of sanitary and medical science may some day control the health problems of sex (e.g. venereal disease) without improving morality. In short, the future teaching of rational sex ethics must show youth the advantages of those relations of the sexes which society at its highest development approves, and calls “moral.” Individualism in sex relations means social chaos. Sex normally involves more than one individual and the great sex problems are social problems and must be solved, not as demanded by individual desires, but with reference to the best interests of social groups—the family, the community, and the race.”

RAY H. EVERETT
in *What Is Sex Education?* Washington Evening Star, 1943. This article was also printed in the *Journal of Social Hygiene*, December, 1943, and reprinted as Pub. No. A-517.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director Community Service, American Social Hygiene Association

On the Legislative Front.—Of the forty-four state legislatures meeting in 1945, to date twenty-seven have considered social hygiene legislation of one type or another. Bills have been introduced in one or both houses and several have been enacted into law. As we go to press the situation is as follows:

Repression of prostitution—Bills failed in **Colorado, Indiana, Kansas, Maryland, Puerto Rico and Utah.**

Premarital examination laws—**Oklahoma** has adopted a new law which was signed by the Governor on February 12th. **Florida and Texas** are considering premarital examination bills for syphilis. **West Virginia and Utah** have amended their laws, and **California and Pennsylvania** have amendments pending, while an amendment in **Nebraska** failed. **Arizona, Arkansas, Delaware, Montana, Kansas, Nevada, New Mexico, South Carolina and Washington** also considered premarital legislation which failed to pass.

Prenatal examination laws—**Arizona, Montana and West Virginia** adopted new laws, and **Oklahoma** amended the existing law on this subject. Bills in **Florida, Ohio and Texas** are pending. In **Arkansas and South Carolina**, the legislature adjourned without passing their bills and an amendment in **Maine** failed to pass.

Venereal disease control laws—Thirteen state legislatures have considered new laws or amendments to strengthen their present VD control laws. Such legislation is pending in **Maryland and Pennsylvania.** **Delaware, New York and Vermont** have enacted new laws strengthening their existing laws and the **Oklahoma** legislature enacted a new quarantine law. **New Jersey** enacted into law four of the five bills introduced, which were signed by the Governor, April 9th, strengthening existing laws. Legislation has been introduced and has failed to pass in **Colorado, Maine, Massachusetts, Nevada, New Hampshire and Utah.**

The support given these laws by state voluntary and official health and welfare agencies testify to the influence of efforts such as Social Hygiene Day to increase public understanding and to build public opinion. The interest and cooperation extended from all sides to ASHA field representatives who have been privileged to assist in drafting and otherwise helping with these legislative projects is indeed gratifying.

It is difficult at long range to keep up with events on the legislative front in all 48 states. Perhaps some laws have been passed

which are not mentioned above, and certainly there may be some in process of which we have no knowledge. JOURNAL readers are urged to bring information to the attention of the national office, and to ask for advice or aid. Write to: American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Alabama: First Results of State-wide Blood-testing Program.—There is nation-wide interest in the unique law passed in July, 1943, by the Alabama legislature requiring all civilians between the ages of 14 and 50 residing or living in the state to have blood tests for syphilis. The State Health Department's *Health Education Bulletin* for October, 1944, gives a resumé of the results of this law as carried into effect on a county basis. (Since then other counties to a total of eight have been surveyed.)

"In selecting the first few counties," says the *Bulletin*, "consideration was given to the number of venereal disease clinics in operation and the readiness of the local medical profession to cooperate. It was felt that the blood testing program would be a failure unless the individuals who were found to be infected could be brought under treatment within a reasonable period after the survey. The procedure within a given county was first of all to determine the number of blood-test stations necessary to cover the county in such a way that no person would have to travel more than two miles to reach a station. Using OPA registration figures, census figures, and after consulting local citizens as to the number of people living in a particular area, an estimate was made as to the expected number of people between the ages of 14 and 50 that would attend each station.

"After arranging for blood-test stations, an intensive educational program was carried on for about four weeks. In each county, following the educational and preparatory work, a period of two weeks was allowed for the actual collection of specimens.

"The three counties in which blood testing has been completed are Wilcox, Sumter, and Lee. Wilcox and Sumter are rural counties with a Negro population of 78.3 per cent and 79.4 per cent respectively. Lee County is also a rural county but is located in the heart of the cotton mill industry and has a Negro population of 56.6 per cent. The estimated normal population of these counties is as follows: Wilcox 23,770; Sumter 23,135 and Lee 32,970.

"In Wilcox County, 10,671 blood specimens were taken. Of these, 1,544 were positive. For Sumter County, 2,252 of a total of 10,813 were positive. In Lee County, 17,043 blood specimens were taken resulting in a total of 1,911 positive reactions. The infection rate among the Negro group of the population was found to be many times that of the white group.

"In Wilcox and Sumter Counties, follow-up investigations have progressed sufficiently to make certain additional statistical data available. In Wilcox County, of the 1,544 positives found following a first serologic test, 127 (8.2 per cent) proved by repeated tests not to be syphilitic; 185 have not been proven as yet to be syphilitic, 13 have moved out of jurisdiction and 1,219 have been shown probably to have syphilis. Of these 1,219 cases, 638 were known to the health department; that is, they had been known to have syphilis and had received some treatment in the past. Five hundred and eighty-one cases were unknown to the health department. Of the 581 cases, 545 have been brought under treatment and 13 have moved out of jurisdiction.

"In Sumter County—where the follow-up work is still in progress—2,252 were found to have an original positive Kahn test. Of these, 197 or 8.7 per cent were proven not to be syphilitic and 588 are not yet proven and 1,367 were shown probably to have syphilis. Of the 1,367 individuals, 663 were known to the health department and 704 were not. Of the 704 suspected cases, 502 have been proven and admitted to treatment, and 202 as yet have not been brought in for examination.

"On the basis of present experience, it appears that 80 to 90 per cent of the population between the ages of 14 and 50 will appear voluntarily for a blood test during the first two weeks' period of the survey. Others require additional contact. It is, therefore, believed unlikely that law enforcement agencies will have to play any significant part in this program. In the first two counties studied, over a thousand hitherto unrecognized cases have been detected and brought under treatment."

California: San Diego Annual Meeting Reports Progress.—The Annual Meeting of the San Diego Social Hygiene Association was held in the County Schools Building in that city on February 7th, Social Hygiene Day. Wartime restrictions limited the dinner which preceded the general session to a hundred persons, but twice that number of members and friends of the Association gathered after dinner to hear a report on the activities of the first full year of this youthful and vigorous society's work.

President Armistead B. Carter presided. Speakers included Mr. Fred Morrison, Executive Secretary, Community Welfare Council, Mrs. Vesta C. Muehleisen, Executive Secretary of the SDSHA; Dr. Leonard I. Lesser, Medical Officer in Charge, Harbor View Hospital, and Dr. Walter R. Hepner, President, San Diego State College. A panel discussion of the mental, moral and physical aspects of the social hygiene program followed. Panel members including Dr. Berenice Stone, Mr. Charles E. Peterson, Mrs. Fay V. Perry, Dr. George D. Huff, and Dr. Kenneth E. Bernhart. Among those joining in the discussion were Dr. G. G. Wetherill, Dr. John Carroll, and Dr. Rachelle S. Yarros.

A feature of the meeting was the debut of the Association's *Annual Report* for the year 1944, a complete, interesting, and attractive statement of the organization's history, objectives, program, and accomplishments to date. These achievements in the words of the report included "(1) the establishment of greater public understanding and appreciation of the importance of eradication of the venereal diseases; (2) a proportionate grasp of the necessity for greater family-life and sex education tending toward better social living; (3) the establishment and continuance of Harbor View Hospital with a developing understanding of the responsibility which rests on the community for a program of social rehabilitation in this field; and finally (4) the recognition of the San Diego Social Hygiene Association by the San Diego War Chest as of 'permanent welfare character which will need financing in the post-war period,' and the resultant action of the San Diego Community Chest in accepting the organization as such." The Harbor View Hospital, here referred to, is California's only rapid treatment center, is located in San Diego, and was established as a result of cooperative efforts in which the San Diego Association took a prominent part.

The year 1944 was also marked by a number of interesting and effective program undertakings, including addresses, forums, exhibits, and the like. Cooperation with other voluntary and with interested official agencies has been close and consistent. All together the first full year of the society's life has produced accomplishments of which

its membership, its Board, and the city of San Diego itself, may well be proud.

Newly elected officers of the San Diego Social Hygiene Association are: President, Armistead B. Carter; Vice Presidents, Dr. John Carroll, Dr. G. G. Wetherill; Secretary, Margaret Eager; Treasurer, Mrs. G. D. Edwards.

Delaware: New State Social Hygiene Society Formed.—A statewide Social Hygiene Day observance held in Wilmington on February 7th, following several months' preliminary work, culminated in the organization of the Delaware State Social Hygiene Association.

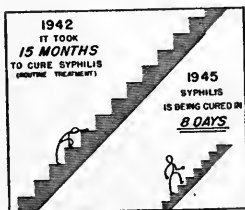
Officers and Directors of the new Association include:

President: Mr. Arthur D. Maybee, Chairman of Local Safety Council, Director of Blue Cross Hospital Cooperation Plan; *Vice Presidents:* Dr. A. Parker Hitchens, City Health Commissioner, Wilmington; Dr. Edwin Cameron, Executive Secretary, State Board of Health and Dr. James Beebe of Lewes; *Secretary:* Taggart Evans, Executive Secretary, Delaware Tuberculosis Association; *Treasurer:* P. S. duPont, III; *Board of Directors:* Dr. L. D. Chipman, Dr. Lewis Flinn, Dr. William H. Kraemer, Dr. Conwell Banton, Dr. H. V. Holloway, Dr. W. H. Lemmel, Dr. Howard Gregg, the Rev. Delos O'Brian, Rabbi Herbert Drooz, Commander Hudson D. Dravo, Col. Randolph Russell, Gerrish Gassaway, W. W. Laird, Jr., John J. Hartnett, Mrs. Phillip Elliott, Mrs. John W. Reynolds, Miss B. Ethelda Mullen, Ralph L. Minker, George W. Ayars and Mayor J. Wallace Woodford, of Dover.

Dr. M. A. Tarumianz, Superintendent of Farnhurst State Hospital, who served as chairman of the temporary committee which planned the S. H. Day observance and the organization of the new society, presided at the meeting, which was attended by more than 300 persons. Speakers included Dr. Hubley R. Owen, Director of the Division of Medical Services of the Philadelphia Department of Education and Howard Strong, Secretary of the Health Advisory Council of the U. S. Chamber of Commerce. Dr. Huntington Williams, Health Commissioner of Baltimore, Maryland, and John Hall, ASHA Field Representative, also participated in the program.

Strong interest and support for the new state society is indicated by the naming of Social Hygiene Day committees and issuance of proclamations by mayors of "downstate" towns. Among these were: Milford, Clayton, Delaware City, Dover, Camden, Wyoming, Georgetown, Rehoboth, Selbyville, and Seaford.

Georgia: Rapid Treatment Centers Bring in Additional Cases for Treatment.—*Georgia's Health*, monthly bulletin of the Georgia Department of Public Health, in its February issue includes an interesting story titled *The Conquest of Time* which discusses generally advantages of the rapid treatments for syphilis and gonorrhea and especially as exemplified in the establishment of rapid treatment centers in Georgia.



The state has two of these centers, the Southeastern Medical Center, located on Oatland Island about seven miles from Savannah, and the Piedmont Medical Center at 1 Milledge Road in Augusta. Since they began operation in June, 1943, they have treated over 7,000 cases of infectious venereal disease.

A policy was adopted recently whereby the Director of the State Health Department asked all local health officers, regional medical directors and regional consultant nurses to refer all cases of infectious venereal disease to rapid

treatment centers immediately upon diagnosis by local clinics. Admissions to centers showed the effects of this policy immediately. The Southeastern Center in Savannah admitted 674 cases in January, 1945, as compared to 395 in December, 1944, while the Piedmont Center in Augusta increased its admissions in one month from 112 in December, 1944, to 453 in January, 1945. The Southeastern center in Savannah leads the United States in admissions at a rapid treatment center.

Louisiana: Social Hygiene Association of New Orleans Enlists PTA Aid in Observance of Social Hygiene Day.—Miss Odile Simpson, Executive Secretary of the New Orleans Association reports that during the month of February some twenty-four programs for parent teachers groups, the majority of which carried a full program with speaker and film showings, were scheduled in New Orleans. Twenty-two of these meetings were in public school groups; two in parochial schools; twenty in white schools and four in colored schools, total attendance exceeding 1,200.

The Association also secured the interest and help of the clergy, many of whom agreed to speak from the pulpit on some phase of social hygiene; and on February 10th a round table conference meeting was held at their request with the shop stewards for the Textile Workers Union of America.

Mississippi: Delta Social Hygiene Institute Plans Organization of Health Council.—At Mound Bayou in the famous north-western Delta area of the state, a hundred representative Negro leaders—agricultural agents, teachers, ministers, and doctors—drawn largely from the 18 Delta counties, assembled on March 14th and 15th for a social hygiene institute.

This program was sponsored by the Delta Council, the State Department of Health, and the ASHA. Dr. T. M. Howard acted as Chairman of the morning session on March 14th and Rev. L. S. Rounds and B. L. Bell as Chairmen of the afternoon session. W. K. Anderson, President of the Delta Council gave the welcoming address. Speakers included William Mason, M.D., VD Clinic Coordinator of the Georgia State Board of Health; T. E. Billings, M.D.; W. G. Hollister, M.D., Assistant Superintendent VD Control, Mississippi State Board of Health; James Faustina, M.P.H., U.S.P.H.S., and M. H. Brooks. An outstanding feature of this program was a full morning discussion of the problems of social hygiene by the entire membership of the Institute.

Growing out of this discussion came the organization of a Delta Health Council which includes the promotion of social hygiene educational work as one of its major objectives. Rev. L. S. Rounds of Greenville, Mississippi, was elected president of the Council.

Missouri: Kansas City Social Hygiene Society Elects New Officers and Undertakes New Projects.—At the Society's twenty-first annual meeting held in December Dr. Edward P. Heller was elected president, succeeding John Franklin Rhodes who died early in 1944. Louis Lowenstein and A. W. Gilbert were elected vice president and treasurer, and Mrs. Carl A. Johnson, secretary. The Board of Directors for the year 1944-1945 includes:

Dr. E. A. Belden, Mr. Walter J. Berkowitz, Mr. Max Bretton, Dr. Harold Buschman, Mrs. Thomas C. Butler, Mrs. M. Moss Davis, Mr. W. J. Dean, Lieut. Doral L. Denison, Dr. A. B. Denton, Miss Esther Dersch, Mrs. Sallie Dibble, Mr. Martin B. Dickinson, Rev. Paul S. Durham, Miss Tiera Farrow, Mrs. Joseph Fasci, Mrs. Wm. K. Ganong, Mrs. Harry M. Gilkey, Dr. Thomas B. Hall, Mr. Harold L. Hamill, Mr. John L. Howell, Mrs. Leon R. Hunter, Mrs. Tom James, Mr. Philip E. Lindsay, Mrs. Harry F. Mather, Rabbi Samuel S. Meyerberg, Father E. W. Merrill, Mr. Fred B. Mertsheimer, Miss Esther E. Prevey, Dr. A. B. Price, Miss A. Mary Ross, Mr. Thomas A. Webster, Miss B. Eureath White, Dr. E. C. White, Dr. Vincent T. Williams.

A new project is being developed through the Society's recently appointed Biracial Committee, a Negro worker, Mrs. Claudia Jenkins, having been added to the staff to work with this Committee. A recent report from Mrs. F. H. Ream, the Society's Executive Secretary, indicates what progress has been made. Mrs. Ream writes:

"January 15th, a small first floor room in the Roberts Building, 1824 Vine Street, was loaned the Society for an exhibit. The room is steam heated and electric lighted. A public address system was installed by a volunteer who owned it—this attracts the attention of the passer-by. There is a spot-light over the door and venetian blinds add glamour. The Roberts Building is located in the heart of the Negro district among Negro dentists' and physicians' offices, the Service Men's Club and the Urban League; beauty shops, restaurants, churches, taverns and night clubs. Organized groups are invited to hold their meetings there and social hygiene films are shown and literature distributed.



"Nearly 700 persons have seen the social hygiene exhibit and motion pictures shown at 1824 Vine Street within a six-week period following the opening of the project.

"In addition, several Negro organizations have met there to discuss social hygiene problems. Mrs. Wiseman also has shown films in taverns, a pool hall and many Negro churches in the area; more than 800 persons saw the films at these showings."

New York: State Committee on Tuberculosis and Public Health Suggests Programs for 1945.—The state Committee on TB and Public Health of the State Charities Aid Association has recently issued *Suggestions to the 62 County and City Tuberculosis and Public Health Associations of New York State, Outside New York City in Formulating Programs of Work for 1945*. The following suggestions are made for work for the control of syphilis and gonorrhea:

"A favorable revolution in the treatment of the venereal diseases is taking place as a result of rapid penicillin therapy. The effect on public clinics is not yet apparent. It is clear, however, that there must be no diminution in public education about the hazards of venereal diseases.

"Remarkable progress in the repression of commercialized prostitution, chief source of spread of venereal infection, needs to be sustained by public opinion against a post-war let-down of law enforcement. These additional services are indicated:

- "1. Join with the health authorities and medical profession in telling the public about rapid-treatment procedures.

- "2. Initiate and help to provide social protection services and education for youth.

"The policewoman has emerged during the past year as an important official in this program. Local Associations should encourage her employment by cities having upwards of 25,000 population.

- "3. Observe National Social Hygiene Day annually with suitable meetings and publicity.

- "4. Be alert to the development of unwholesome conditions in a community, and where indicated, request the State Committee for an undercover survey provided by the American Social Hygiene Association.

- "5. The consultation services of the State Social Protection Representative of the F.S.A. may be requested through the State Committee."

Ohio: Boardman Undertakes an Experiment in Sex Education.—Paul H. Luce, President of the Youngstown Social Hygiene Association, sends us the following interesting account of an experimental project in the high schools of an Ohio community:

The question is often asked, "Is it possible to give constructive sex education to a large group of school students?" This report is an attempt to help answer that question.

For several years, Mr. A. L. Henderson, superintendent, and Mr. J. W. Tidd, high school principal of Boardman, Ohio, have been interested in helping their students achieve a wholesome attitude toward sex. Over a period of years the writer has spoken to numerous clubs and sections of the Boardman student body on the general topic of boy-girl relationships. On February 22, 1944, talks on this topic were given to the entire student body.

The classes were segregated as follows for the talks: freshman and sophomore boys, freshman and sophomore girls, junior and senior boys, and junior and senior girls. The talk was given during one regular school class period; the group came back later for a period of questions and answers. The talk which was given outlined briefly the emotional and physical development of the individual, and made some suggestions as to the best known ways to achieve happiness in friendship, courtship, and marriage. At the conclusion of the lecture the students were requested to write out their questions which were then handed to the speaker at the opening of the question period. More questions were received than it was possible to answer in the time allotted. Only those questions of general interest were selected for group discussion. Those asking help for personal problems were asked to see the speaker at the close of the meeting.

Eight months later the students who had heard the lectures were asked to check answers to the questions as given in the questionnaire which is appended to this report. The survey was made to measure, as well as possible, how effective the talks given the preceding February had been. The results might have been somewhat different if the questions had been asked immediately after the lectures had been given; but by allowing a lapse of time, it was thought that perhaps the students would have a better opportunity to estimate the actual help given them.

Since the questionnaire was circulated by the Boardman school officials, it is not likely that many of the students knew that the writer was seeking the information. From 343 questionnaires returned, the results were summarized in the table given below.

THE QUESTIONNAIRE SUMMARIZED

	<i>Number Yes</i>	<i>Per Cent Yes</i>	<i>Number No</i>	<i>Per Cent No</i>	<i>Number Uncertain</i>	<i>Per Cent Uncertain</i>
1. Did the talks help you to better understand your feelings about the opposite sex?	260	76.5	37	10.9	43	12.6
2. Did the talks help you to understand your own development? . . .	237	70.1	51	15.4	50	14.5
3. Did the talks help you to better understand the proper place of sex in life?	260	75.6	31	9.0	53	15.4
4. Did the talks help you to be more wholesome in your attitude toward sex?	262	78.2	25	7.2	49	14.6
5. Was the information given in the talks clear to you?	295	87.0	44	13.0
6. I think the talks were helpful.	273	81.0	64	19.0

The following comments are added:

Question 1 was answered by all but 3 of those questioned. It is possible that the uncertain group is as large as it is because there had been quite a lapse of time between the lectures and the questions, or because there might have been some misunderstanding of the question.

The smallest percentage answered "yes" for Question 2. This may indicate that the discussion on development was too brief.

Question No. 4 is a key question. The high percentage of "yes" answers seems to indicate that students can be helped in their attitude toward sex by a group discussion.

Question No. 5 was used for the purpose of indicating to the speaker whether he had chosen material suitable for the pupils.

Question No. 6: Those who stated that the talks were not helpful were asked to give reasons for their answers. Their comments are analyzed in the following paragraph.

Fifty-one students wrote that the talks were too general. Perhaps this can be explained by the fact that much was attempted in a brief time. Four said the talks were too detailed! Sixty students said the talks were not frank enough. This attitude may be due to the feeling of suspicion on the part of young people because frank, full information has so often been denied them. Eight wrote that there was too much talk about conduct. (There may have been a few guilty consciences.) Seven said there was too much said about physical development. Two said that the terminology was too difficult, five said not enough details were given, four said the answers were not direct enough, and nine, chiefly sophomores, said that they had already been informed elsewhere and learned nothing new from the talks.

The attitude of the students to the talks as they were given, and their answers to the questionnaire seem to indicate that constructive sex education can be given to large groups of high school students. The writer realizes that this is not the best way to give sex education, but until an adequate program is arranged, this method might be used.

Puerto Rico: Church Cooperation.—The annual Convocation of the Episcopal Church, attended this year by the clergy and interested laymen from Puerto Rico and the Virgin Islands, was held in San Juan on February 8th. Kenneth R. Miller, ASHA Field Representative, addressed the Convocation on the church's opportunity to sponsor a program for the repression of prostitution, for rehabilitation and public education. The following resolutions were adopted:

RESOLVED that this Convocation in the interest of the Christian conduct, human health and welfare in Puerto Rico does hereby urge the Legislature of Puerto Rico to adopt those laws and means of enforcement, which will prevent the exploitation of girls and young women, and remove those conditions of vice which lead to the transmission of diseases and the demoralization of homes, families and communities.

RESOLVED that this Convocation call upon the authorities of Puerto Rico to establish those facilities for religious as well as secular education, for recreational and job training for underprivileged girls and young women which will contribute to clean wholesome living and provide opportunity for normal activities and expressions.

Previous to Social Hygiene Day the Rt. Reverend A. J. Willinger, Catholic Bishop for the Island's Southern diocese, directed a pastoral letter to members of his congregation urging measures for protecting the family. This letter, published in Spanish in the newspaper *El Mundo*, which has a circulation of 70,000, reached a large number of the Island's population.

Virginia, Richmond: Third Service Command Holds Conference on Venereal Disease Control.—Approximately 125 civilians, Army and Public Health Service Officers attended a full day's meeting on January 26 in Richmond, Virginia, to discuss social hygiene problems.

The program, with Colonel John Minor, MC, Medical Consultant, Third Service Command, as Chairman, included the following speakers: Brigadier General Don E. Scott, Commanding General, Virginia District; Medical Director Udo J. Wile, USPHS; Major Ernest Howard, MC, Office of the Surgeon General, Washington, D. C.; Dr. Wallace Baker, Assistant Epidemiologist, Virginia Department of Health; Dr. Walter Clarke, Executive Director, ASHA; Surgeon Harry Pariser, VD Control Officer for Norfolk, Virginia; and Dr. Lester A. Kirkendall, Sr. Specialist in Health Education, U. S. Office of Education.

Virgin Islands, St. Thomas: Recent Social Hygiene Events.—Mr. Morris de Castro, Chairman of the St. Thomas Social Protection Committee and assistant to Governor Charles F. Harwood, reports a number of recent interesting and important social hygiene events. Dr. Percy S. Pelouze, USPHS representative and ASHA board member, visited the Islands in December for a conference with Dr. Knud Knud-Hansen and his staff on recent developments in the treatment of gonorrhea. He also addressed the Social Protec-

tion Committee and the Businessmen's Association. Medical Director R. A. Vonderlehr, Director of USPHS District No. 6, accompanied Doctor Pelouze.

The Islands celebrated Social Hygiene Day by a governor's proclamation and by programs held in the municipalities of St. Thomas and St. John with Dr. John S. Moorhead, Dr. Roy A. Anduze, and Dr. Eric O'Neal as speakers. On the island of St. Croix the Department of Education and the Department of Health participated in a program of lectures arranged in cooperation with Dr. Norman D. Thetford, Chief Municipal Physician. A special edition of the *Virgin Islands Health Bulletin*, published by the St. Thomas Department of Health, was devoted to Social Hygiene Day including an article, *VD—Both a Moral and Social Problem*, by Canon A. J. Swinson, rector of All Saints Parish, St. Thomas.

The General Aim of Social Hygiene

"The general aim of social hygiene is the preservation of the family and the enrichment of family life for all of its members. . . . In the United States common usage restricts social hygiene largely to the group of personal and social problems which grow out of the mating instinct. Personality and character are largely shaped out of inborn impulses and desires. The sex impulse is one of the most powerful and pervasive of these. Society through ages of accumulated experience has built up social limitations, legal restrictions, religious sanctions for sex relationships. These are often in conflict with the natural desires of the individual."

"One of the essential tasks of social hygiene is to educate the individual so to direct his conduct that his sex endowment, like the other parts of his mental and physical equipment, may contribute most richly to self-development and happiness and at the same time conserve the welfare of society. An equally important task is the moulding of public opinion to support such modification and adjustment of community approval and regulation of sex conduct that the average individual may have opportunity in his lifetime to achieve normal adolescence, satisfactory marriage, wholesome family life, and wise parenthood."

"As a matter of classification, it is recognized that the problems of life centering in the sex instinct fall into two main groups: the positive, relating to developing a wholesome attitude toward sex, and normal marriage and parenthood; the negative, relating to uncontrolled or mismanaged sex life, uneugenic parenthood, illegitimacy, sexual promiscuity, and the diseases resulting therefrom. To be effective, education must meet these emergent problems arising from today's social situations, by instituting a program continuing from infancy to maturity."

WILLIAM F. SNOW, M.D.

*in an abstract of the report of the 1930
White House Conference on Child Health
and Protection.*

NEWS FROM OTHER COUNTRIES *

JEAN B. PINNEY

Director, Washington Liaison Office, American Social Hygiene Association

Australia: New Social Hygiene Association Organized in Adelaide.—Mrs. Charles Helman, Honorary Secretary of the Social Hygiene Association of South Australia, writes that this new group was recently formed after a Conference with the Racial Hygiene Association of New South Wales, an agency of some years standing. Objectives of the new Social Hygiene group are:

1. Voluntary exchange of health certificates before marriage.
2. Sex education for children and adults.
3. Establishment of marriage advisory centers.
4. To aid in the prevention and eradication of VD.

Members consist of interested organizations and individuals. A campaign to inform the public of its aims and objectives and to enroll membership is being held soon.

Officers are as follows: President, Professor M. L. Mitchell; Vice Presidents, Mr. R. J. Combe, Dr. C. Davey, Dr. Charles Fenner, Sir Stanton Hicks; Executive Chairman, Dr. H. K. Fry; Executive Committee, Mr. R. J. Best, Miss A. Bromham, Dr. M. Casley Smith, Dr. J. Close, Mrs. Charles Duguid, Miss I. Glasson, Rev. C. W. J. Gumbley, Rev. G. Hewett, Mr. P. H. Nicholls, Mr. T. I. Thompson, Rev. E. H. Woollacott; Honorary Treasurer, Mr. C. D. Murray.

Headquarters are at 137 Henley Beach Road, Torrensville, Adelaide.

Canada: Church of England Adopts Resolution in Support of Long-Range Social Hygiene Program.—At its annual meeting on September 21, 1944, the Council of Social Service of the Church of England in Canada adopted the following resolution on "Moral and Social Problems and Venereal Disease":

"MOVED, SECONDED, AND CARRIED:

"Whereas the Council has been moved by the revelation of the high incidence of venereal disease among the people of our country.

"Be it resolved that while we encourage and support the efforts being made by Government Health Departments, by medical officers and societies, and by Health Leagues and other groups, to bring this matter into the open, to control the spread of the diseases and to stamp them out;

"The Council, nevertheless, points out that the whole matter must be regarded as having definite moral and spiritual aspects, and that these cannot be ignored in any phase of the campaign—health, welfare or legal—without, indeed, incurring the risk of creating a greater evil in the weakening of the moral stamina of our people, intending to lower their spiritual ideals concerning the sacredness of sex and the marriage relation, and in fostering a pagan rather than a Christian standard in regard to this vital matter;

* See also p. 235.

"At the same time, the Council calls upon the Clergy to give what proper assistance they can in furthering the objects of the campaign by Governments and other bodies, stressing in particular, as is their duty, the moral and spiritual nature of the issue;

"The Council further believes that all general teaching of the subject of sex, its powers and its dangers, should be given to the young in a setting of religion."

Additional support has been provided by three other national Protestant churches—United Church, Baptist, and Presbyterian—which have announced their cooperation with public and voluntary agencies in the nation's campaign.

Canada: School Trustees' Association Moves to Encourage Measures for Better Health and Prevention of Juvenile Delinquency.—Another important national group swung into line behind the long-range program, when the Canadian School Trustees' Association, at its annual Conference in Toronto, August 1 and 2, 1944, adopted the following resolutions in support of the national social hygiene campaign:

HEALTH

WHEREAS health is recognized as one of the fundamental factors in education, and

WHEREAS the present health conditions in Canada are far from satisfactory;

THEREFORE BE IT RESOLVED

a. That the Canadian School Trustees' Association express its appreciation of the steps being taken by our governments, national and provincial, to promote better health.

b. That the Canadian School Trustees' Association urge such governments to give further assistance in promoting health by such measures as advanced legislation and very considerably increased expenditures to make the legislation effective.

c. That the Canadian School Trustees' Association express its appreciation of the fine services being rendered by the voluntary health associations throughout Canada.

d. That the Canadian School Trustees' Association appoint a health committee to study school health and report to the next convention.

e. That, as the Health League of Canada is sponsoring a National Health Week in Canada early in February, 1945, asking for the cooperation of the Provincial Departments of Education and Health, and also the cooperation of Service Clubs, home and School Associations and other women's groups, public libraries, industrial, commercial and professional associations, the Canadian School Trustees' Association recommends active cooperation in this proposed National Health Week and commends such cooperation to the Provincial Trustees' Associations.

f. That the Association also recommends to school boards a careful study of the place of sex education in our schools, noting carefully both its importance and the best methods for providing for this subject in the regular courses of study.

JUVENILE DELINQUENCY

WHEREAS juvenile delinquency is a very serious problem throughout Canada and is closely related to our schools,

BE IT RESOLVED THAT we recommend school boards to cooperate with the various agencies and activities now engaged in studying this problem and suggest that school boards study such programs as the following:

- a. anti-delinquency services, with an adequate program and qualified personnel;
- b. national and local recreational and other leisure-time activities;
- c. child guidance clinics;
- d. adult education;
- e. improved housing and city planning;
- f. enforcement of laws to curb neglect of children;
- g. public- and high-school courses in elementary sociology.

Resolutions similar to these, as previously reported in the JOURNAL, have been adopted by the Canadian Junior Chamber of Commerce and by a number of other national organizations which are cooperating in the nation-wide program.

Canada: Saskatchewan Activities in Health Education and Recreation.—Christian Smith, Director of Health Education for the Department of Public Welfare, Regina, Province of Saskatchewan, reports an extensive observance of Social Hygiene Day on February 7. Special releases on this event asked the cooperation of newspaper editors, both daily and weekly, the clergy, the schools, women's groups and numerous other agencies.

Other activities in February included two mass meetings of Saskatchewan University students, resulting in a project for mass blood testing. Uniformly satisfying response has been received from the Province's 7,200 teachers regarding the radio programs and family education guides furnished to the schools.

Progress is being made in cooperation with the Department of Education. Mr. Smith says, "In the new high-school curriculum which will be introduced next year, family-life education will be integrated. The physiology courses will no longer emphasize sex by ignoring the reproductive system. The venereal diseases will be included in the communicable diseases."

Among public information education devices are included the use of the words, *Stamp Out Syphilis in Saskatchewan*, by mail cancellation machines.

A magazine publication called *Saskatchewan Recreation* is published by the Physical Fitness and Recreational Division of the Department of Public Health. The Spring edition, Vol. 1, No. 1, features arts, handicrafts, drama, music, athletics, forums and socials, and invites all citizens, young and old, to join in the Saskatchewan Recreational Movement.

England: British Social Hygiene Council Offers Summer School Course.—Preliminary announcement of social biology courses at University College, Nottingham, has just been made by the British Social Hygiene Council. The course will be designed to meet the needs of all types of teachers, and of others interested in education. Special consideration will be given to educational problems in social biology presented by the coming increase in the school-leaving age.

Iceland: British and American Soldiers Are Welcome.—The *Journal of the American Medical Association*, February 17, 1945, publishes an account of recent events in Iceland from their "own correspondent" from which we draw the following excerpts:

"In May, 1940, British forces occupied Iceland, and a little more than a year later, on July 7, 1941, American forces moved into Iceland, before the United States had entered the war.

"The occupying forces have been received with general understanding by the population. Iceland has no army, and for centuries the Icelanders have been among the most peaceful of nations, their only enemy being the elements, which in the form of storms, earthquakes and volcanic eruptions have taken as many lives as other nations lose in wars. Criminality has been low, and a murder has not been committed here since 1929. Although the population is small (only 130,000) this is an unusually low rate of homicide."

Venereal Diseases

"As Iceland has had a low rate of venereal diseases, a considerable increase was expected owing to the great inflow of soldiers to the country. But although the communication between soldiers and the female population has been about the same here as anywhere else, it is a fact which gives high credit to the medical service of the American military forces that venereal morbidity has increased but little since the occupation. Before the war there were only about 14 fresh cases of syphilis a year in the whole country. In 1943 there were 82. But gonorrhea had dropped from 492 in 1939 to 233 in 1943, which is evidently due to the introduction of the sulfonamides. The chief source of venereal infection has not been the military forces but the merchant marine, composed of various nationalities. Most of the syphilitic infections have been traced to British ports."

Absence of Quackery

"A number of Icelandic patients with difficult diseases which required special treatment have been flown over to America by permission of the American military authorities. The Icelanders have great respect for American medicine, and American doctors have seen that medical education at the University of Iceland is on a sound basis, and consequently quackery and charlatanism find a meager soil here. To practice medicine one has to have the university examination and a year's internship in a recognized hospital, all of which takes seven or eight years of medical study. If anybody else wants to practice medicine, no matter under how high sounding a title, he is not allowed to advertise or introduce himself under any title but one, which must be on his sign and prescriptions: *shottulækur*, which means 'quack doctor.' This legislation solves the whole problem in an easy manner. In direct consequence of this course is the law which prohibits advertising of drugs of all kinds in all papers except those of the medical profession."

"The American influence is making itself more and more felt also in the medical field. Young doctors, who used to go to Denmark and Germany for advanced studies, are now practically all going to the United States, where their admiration and surprise are balanced between the impressive efficiency and high standard of American medicine and the vast amount of quackery thriving in its shadow."

Medical Cooperation

"Cooperation between American and Icelandic doctors has been excellent, and the Americans have been helped in various emergencies, as when air transport has been needed for a patient in some distant part of the country or when some essential drug has run out of stock in the Icelandic pharmacies."

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

EXPERIENCE SETS THE PATTERN

Experience, that time-honored authority, is beginning to transform bright and shining plans into working blueprints. On the ASHA industrial front certain practical and more or less similar procedures are emerging in a growing number of communities.

JOURNAL readers will recall the two main lines of strategy followed to enlist the industrial worker in the fight against VD. With the help of our manuals, *Industry vs. VD* and *The Trade Unions vs. VD*, management and union groups have been, and are being, encouraged to undertake educational campaigns against VD. These programs are planned to go beyond the spreading of VD information, to include case finding, treatment and participation in community social hygiene and protection activities.

VD IN OVER-ALL APPROACH

At the same time the ASHA has stimulated the formation of community industrial health committees in which the social hygiene message is presented as one subject in a comprehensive and continuous program of popular adult health education. The industrial health committee plan offers industry a program that meets many of its needs in the health education field and is thus usually welcomed with enthusiasm. The over-all approach teams up official and voluntary health and welfare agencies and the medical profession with labor and management, for an effective coverage of an entire industrial community.

While the industrial health committee plan is welcomed where it is properly presented and understood, the launching of such committees is not an overnight process. The Fort Greene Industrial Health Committee, the demonstration project which the ASHA was instrumental in starting in Brooklyn, New York, for a year and a half has been successfully serving some 60,000 industrial workers. It must be remembered, however, that almost a year of organizational effort preceded its inauguration. Mr. R. E. Gillmor, President of Sperry Gyroscope Company and Chairman of the Fort Greene Committee, is to be the principal speaker at a dinner in Dayton, Ohio, on May 15th when that city will finally embark on a community wide health education plan. Chicago and New Orleans are moving toward similar action. Other industrial committees are still in the planning stage. When two or three of these pioneering committees get going, it can be predicted that the idea will spread rapidly.*

* Qualified health educators with promotional-publicity genius and unbounded devotion take notice! Your services may be needed as executive secretary for an industrial health committee. If interested, will you drop the conductor of this column a line.

Further confirmation was given recently of the correctness of the ASHA's willingness to back up its belief that VD education is more acceptable to industry when introduced as part of an over-all program. One of the major packing-house firms in Chicago was asked to participate in a labor-management VD control and education program to be conducted in its plants. It refused to do so because it feared the public reaction to such a campaign in a food industry. It expressed complete willingness, however, to cooperate in such a drive if it were part of an over-all health program in which many diversified firms participated. When told about the contemplated Chicago Industrial Health Committee this packing-house firm promised to affiliate.

RESPONSE TO PROGRAM

Other industrial firms have objected to a drive aimed exclusively at VD on the grounds of not wanting to antagonize their employees, and still others feel that the organizational effort necessary to make such a campaign effective is not justified by the extent of the VD menace to their employees.

The response of industrial firms to the *Industry vs. VD* manual gives further evidence of this reluctance by management to initiate programs. To date more than 7,000 copies of the industry manual have been distributed. Much interest has been aroused but very little activity has resulted. Even Dr. Clarke's series of seven articles, *Stamp Out VD*, prepared especially for employee-house publications, were used by only eighteen or twenty of these organs.

The response of the unions has been quite different. Dr. Clarke's union series, *Unite Against VD*, has appeared in at least one hundred and twenty labor publications with an estimated total circulation running into the millions.

A PROMISING ALLIANCE

Similarly the 7,000 *Trade Union vs. VD* manuals now distributed have resulted in action on the VD front. Campaigns by the central bodies of the AFL and CIO are in process of being organized or already under way in Chicago, Philadelphia, Detroit, Fort Wayne, Birmingham, Atlanta and Jacksonville.

Beginning with the ambitious plan of the Chicago Health Department and the Chicago labor movement to carry on jointly a campaign against VD, the local health officers and the trade union bodies are getting together for such activities in the other cities mentioned. Details of this health department-trade union alliance and the organizational steps entailed, will be described in later issues. Meanwhile, the common denominator of health department-trade union cooperation against VD has been established. This is the pattern that experience is setting.

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Journal of Social Hygiene

Social Protection in Action in the Community

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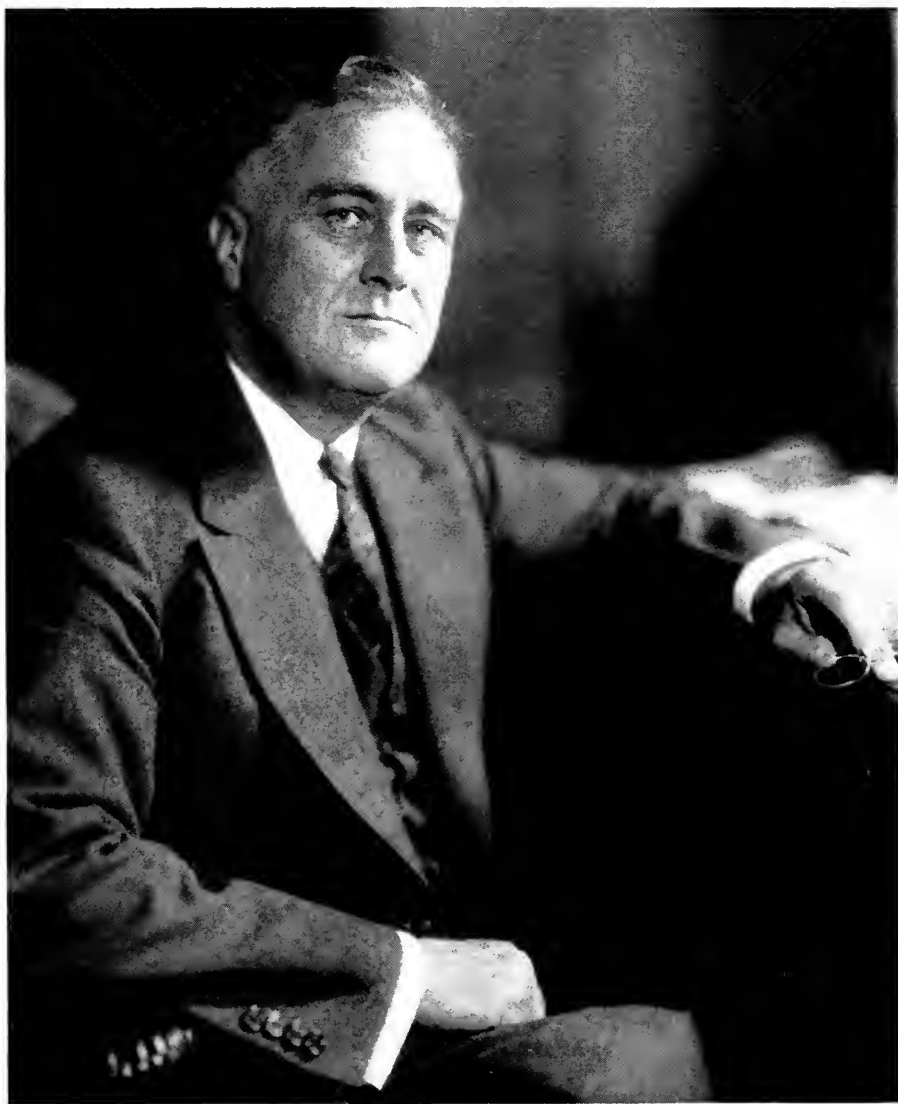
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Franklin D. Roosevelt

January 30, 1882 – April 12, 1945

*President of the United States and Commander in Chief of the United
States Army and Navy from March 4, 1933
to April 12, 1945*

FRANKLIN D. ROOSEVELT

As the nation's leader and as an American citizen President Roosevelt was constantly concerned for the welfare, health and happiness of the people, and that they should take a part in securing these blessings for themselves, not only now in wartime, when victory depends on efficiency, teamwork, and morale, but in everyday life, for all time. His interest, and vigorous insistence on united effort towards insuring these qualities was never better expressed than in a letter to Governor Paul V. McNutt, Federal Security Administrator, in May, 1942, as quoted here in part:

"From every quarter come evidences of our national concern for total physical and moral fitness in this war for survival—fitness for the freedom we cherish. . . . This job depends ultimately upon the people themselves and their moral fibre. From religious leaders and responsible citizens come to me, almost daily, expressions of their concern, which they are translating in active local cooperation for total effectiveness. In fact, only good local community organization can meet many of the needs."

"I, therefore, call for the united efforts of government—Federal, State and local—of business and industry, of the medical profession, of the schools, and of the churches—in short, of all citizens, for the establishment of total physical and moral fitness. No one can doubt the objective, or fail to cooperate in the various programs when he understands them. This is one effort in which every man, woman and child can play his part and share in ultimate victory."

In his last message to the American people, prepared for the Jefferson Day celebration on April 13, the President left with us words which sound the keynote of his character and his ideals of service. They may serve as a rallying cry and a spur to action for all who believe, as he did,—whether in the dark hours of discouragement or the white light of successful progress,—in the eternal values of life and the dignity and rights of humanity, and carry on. . . .

. . . "Let us move forward with strong and active faith."

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MAY, 1945

NO. 5

Social Protection in Action in the Community

WELFARE AND COMMUNITY ACTION *

FLORINE J. ELLIS

Social Protection Representative, Region VII Federal Security Agency

One of the most discouraging facts about the venereal disease control program is the large number of repeaters. Case finding has not been difficult. Case treatment is becoming increasingly simple. Elimination of the repeater is becoming more and more a problem of serious proportions.

Law enforcement groups have been vigilant in their operation. Health agencies have met with phenomenal success in the treatment realm but the problem of venereal disease persists to an alarming degree.

We are being forced to realize that law enforcement alone is not the answer; that medical treatment alone is not the answer.

There is a missing link, and perhaps the missing link is a failure on the part of communities to make full use of redirection facilities available through social agencies. Officials have been so busy "picking them up" and "hurrying them off" to treatment centers, or to some other community, that there has been little time to consider them as individuals, as human beings in need of sympathetic understanding and social treatment. This is not the fault of any one group as much as it is a lack of teamwork occasioned by the absence of at least one person who is familiar with all of the factors involved and who can coordinate community facilities. Social agencies complain that they do not get the cases and law enforcement groups complain that when they try to refer a case they cannot find the "proper agency."

* From an address at the Cooperative Regional Meeting, Columbia, South Carolina, March 8, 1945.

We are aware of the fact that there are those who smile when rehabilitation in any form is mentioned in the same breath with prostitution and promiscuity. Here, again, it would be interesting to define a prostitute. Of one thing we are sure and that is that prostitutes by any definition are not born prostitutes.

It is essential that we know what is the matter with the sex delinquent before he can be treated. We must know the answer to the question raised by many, namely, why some girls enter prostitution and why others with practically the same traits and background do not. It is our personal opinion, strengthened by psychiatric findings, that the answer (with the exception of the mental defectives) is largely in terms of emotional factors.

It was my privilege last spring to spend several weeks studying this problem in New York, Boston, Washington and Detroit. I visited health groups, social agencies and police departments, conferred with outstanding authorities in the field of medicine, psychiatry, and social work, as well as with those experienced in the prison realm. I was particularly glad to make this study because I agree so thoroughly with Dr. John H. Stokes when he says that if we are in the social protection program just to eradicate and treat venereal disease we are misplaced—for it is an over-all program.

I am also agreed that the findings of the New York Survey on this subject which concluded that, "prostitution cannot be repressed by police power only. The program of prevention must include the reasons why a person becomes a prostitute and appropriate steps must be taken."

From the health, law enforcement and social work groups there were three things that I wanted to learn. First, what did they think were the causes of sex delinquencies? Second, what in their opinion could be done to prevent sex delinquencies? And third, what success as to social treatment could be expected? Was the Social Protection Division attempting the impossible when we talked in terms of rehabilitation of the sexually promiscuous?

These people, because of training, experience and position were very free in exercising their right to an opinion. Without hesitance they enumerated causes, but insisted that sex delinquencies were not a thing apart, but were symptoms of a total picture.

The cause most often given was lack of love and care in the home and acceptance by the community. One of the most fundamental needs of the individual is the need to be a necessary part of the family group and to hold an acceptable place in the community. Pathetic is the number of prostitutes who show a family history of not being wanted, of not being loved, and of not being a part of any group. Crowded homes resulting in wretched living conditions was mentioned often as a cause. The lessening influence of the church was referred to again and again as a contributing factor.

Lack of interesting activity for adolescents held a prominent place as one of the causes. It is an accepted psychological fact that adolescents need very badly two things: something to *love* and something to *do*. Dr. Stokes is author again of the statement that "in the civil population, exposure to venereal disease is less and less located professionals and more and more a neighborhood, shop, dine-and-dance and hot-spot affair." Herein lies the community responsibility. Do we have "hot spots" or do we have properly supervised recreational centers? Our boys and girls are going to love something and they are going to do something. What they love and what they do is largely determined by the community in which they live.

The school psychiatrists emphasized the failure to establish flexible school programs as a tangible cause. The dull children become discouraged with the average school system and the bright children become bored. As a consequence they both get into trouble.

The last generally accepted cause by all groups was a lack of knowledge regarding sex. We can take hope in this realm because all over the country schools are making plans to teach what they are calling "Health and Human Relations" with the need for sex education as a basis for the curriculum. The incoming generation will undoubtedly be better informed concerning sex matters than is the present generation. So much for causes.

There were two outstanding comments regarding prevention, by two outstanding people, which appear extremely interesting. Dr. James S. Plant, Director of the Essex County New Jersey Child Guidance Clinic, said that what was needed was a rebuilding of the parent's faith in his job. He said that everyone was trying to do the parent's job except the parent himself, that we needed to emphasize the fact that the biggest job in the world was that of rearing children. He felt that entirely too much praise had been given to those who work out of the home and not enough attention paid to those who stayed at home and took care of the children.

Dr. Miriam Van Waters, Superintendent of the Massachusetts Women's Prison, made a startling statement. Dr. Van Waters was formerly a Juvenile Court Judge and has dealt with delinquents for years. She said that delinquency could be wiped out in a generation if, when a home was broken for any cause, sickness, death, separation, divorce or incompatibility between parents, an emotionally mature social worker could become identified with that home and help them through the emotional crisis. Dr. Van Waters feels quite strongly that broken homes are our largest contributing factor to delinquency.

This opinion is certainly borne out in the study made recently of the first 100 women and girls referred to social agencies by the Recorder's Court of Greenville, South Carolina. Of these 100 studied, 78 were from broken homes or were experiencing family conflicts

of one kind or another. Emotional factors were present as secondary causes in most of the remaining individuals. As one reviews the histories of these 100 women and girls, one is struck with the fact that here is a group who never really had a chance. They are pathetic in their search for something other than what they have, even in their loud pronouncements that they don't care. One of these women writes another: "My husband came after me—I was never so glad to see a person in all my life. So, you see, Mary, all my wisecracks and don't care feeling was just a false front to cover up a broken heart."

If we knew more about these girls there would be a more intelligent handling of them. There would be more talk about how to help them and less talk about making examples of them and putting them in prison. Some of them undoubtedly need institutional care but the prison is not the answer.

I came back from this observation and study tour convinced that the police departments were making the greatest contribution in the field of prevention and primarily through their Juvenile Aid Bureaus, Women's Bureau, Crime Prevention Bureaus, etc. In all of these divisions of the police departments they count their effectiveness in terms of prevention rather than in terms of arrests made.

The secret of their success lies in the fact that they do not wait for trouble to come to them. Instead they frequent places where trouble is likely to occur and contact the individual before he gets into serious trouble. These departments have marked the advent of women police. Miss Eleanore Hutzell, Chief of the Women's Bureau, Department of Police, Detroit, and the country's outstanding authority on women police, says that a policewoman is a policeman plus, and that the *plus* is a concern about why people get into trouble and activity as to what can be done to prevent their getting into trouble again. This is fast becoming the philosophy of entire police departments—over the country and everywhere, we see women police becoming a necessary part of the community picture.

Police departments are beginning to realize that the preventive job requires assistance from other resources and they are calling upon the social agencies to help them. Social agencies as a rule have been slow to respond to this call for two reasons; first, a shortage of personnel. Social agencies everywhere are understaffed. I am afraid, however, that they have not responded largely because they have not had a full realization of the contribution that they can make in this program.

In this call to service from the police departments, I believe that social workers and social agencies have one of their greatest opportunities for service. The number of delinquents and potential delinquents reached by the police departments far exceeds those reached by social agencies. In 1943 the Women's Bureau, Department of Police, Detroit, contacted 8,369 girls between the ages of 10 and 17. During that same period only 450 complaints were

made to the Juvenile Court in Detroit. Almost twenty times as many juveniles were reached by the Police Department in Detroit as were reached by the Juvenile Court. When we consider the thousands of women and girls who have been apprehended by the law enforcement groups in South Carolina during this period in which there has been so much concern over venereal disease, I do not doubt but that comparable figures would show at least 20 times as many delinquents and potential delinquents contacted by the police as were seen by social agencies. In fact, in Greenville, South Carolina, where there is a definite coordinated effort on the part of social agencies and police departments to redirect sexually delinquent women and girls, it was concluded that only about one-fifteenth were referred by the courts to social agencies.

There is a great day ahead in the field of redirection and prevention if law enforcement and social agencies will really combine forces. It can be done. It is being done in some places. Both Columbia and Charleston, South Carolina, are planning to add women police who are capable of utilizing the services of the social agencies. And, in both cities the social agencies stand ready to cooperate. In Spartanburg and Greenville, South Carolina, the services of the social agencies have been available to the police departments for some time.

Apparently, communities are beginning to grasp something of the possibilities in this realm. The next step is a call to action. Nothing is ever accomplished by an appreciation of need only. Action, and in this instance, cooperative action, is imperative; and the combined voice in terms of community planning will be heard.

No one is asking the communities to attempt the impossible. The third question that was asked those in position to know was this: "What degree of success in social treatment could be expected? Are we talking in terms of the impossible when we speak of rehabilitation and prevention of prostitution and promiscuity?"

The answers were in three categories: doubtful, possible, and probable. Success in treatment was considered doubtful when the problem was of a deep-rooted, emotional nature. In this regard we are reminded that it is as difficult to cure a deep-seated emotional problem mentally as it is to cure a cancer physically. Our hope with such cases lies entirely in the field of prevention by an attempt to impress upon parents the seriousness of the child's need to be accepted, to be loved. Twenty cases fell in this category in the 100 cases studied in the Greenville survey.

Redirection was considered possible of a large percentage if handled by skilled, understanding individuals who will not get discouraged over the seeming indifference of the delinquent. Those who would help need to know that oftentimes the louder we maintain that we do not care, the deeper our hurt and the greater our need for sympathetic understanding. Dr. James Hartwell, psychiatrist and author of "Fifty Bad Boys," used to say that the greatest untruth in the world was the statement, "I do not care." Review-

ing histories of sex delinquents, with the exception of the mentally deficient, we are convinced that almost without exception they are a group who have been hurt emotionally and who stand in need of intelligent treatment. Redirection is not easy. We cannot expect to undo in a few days or weeks the effects of a deprivation that has been years in the making. But, there is no group that needs the skills of a well-qualified social worker more.

Prevention was considered probable for the majority with "the proper social treatment," and what was said to be the proper social treatment is most interesting. It is not surprising to find at the top of the list as a requisite for proper social treatment "love and care in the home and acceptance by the community."

The second requirement is, "wholesome environment conditioning conducive to a well-rounded development."

"Acceptable social interests in order to be a part of the group," is the third.

And the last, "gainful employment suited to ability and cultural needs."

In these requisites there is an interesting interplay of responsibility on the home, the school, the church and the community which reminds us of those words by Walt Whitman:

"There was a child went forth every day.
And the first object he look'd upon, that object he became,
And that object became part of him for the day or a certain part of the day,
Or for many years or stretching cycles of years."

Could it be that the prevalence of venereal disease is a blessing in disguise because it is focusing our attention on matters as vital as the importance of emotional factors, the wisdom of maintaining the family as our basic social unit, and a renewed consciousness of the community's responsibility to every citizen?

YOUTH-BUILDING IN JACKSON, MISSISSIPPI

A PROGRESS REPORT ON THE WORK OF THE JUVENILE DELINQUENCY COMMITTEE OF THE JACKSON JUVENILE COUNCIL, WITH AN OUTLINE OF A "YOUTH-BUILDING PLAN"

WILLIAM G. HOLLISTER, M.D.

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of Health*

The Juvenile Council of Jackson was founded in 1932 as a coordinating agency in the community to bring together all groups concerned with youth, their health and their welfare. Since that time the Council has been a force in the community, promoting Juvenile Court services, working on a city-wide recreation program, and giving support to legislation for the revision of the Juvenile Court law, for the erection of a reformatory for Negro children, and for welfare generally.

Monthly meetings of the Council provide opportunity for the various agencies to explain their contributions to youth work, report progress, and gain a sense of cooperation with the other groups and understanding of their mutual problems.

The impact of the war on the community of Jackson, and the social disorganization which resulted from the doubling of the population and the location of four military establishments in the vicinity, drew the Council's attention to the need for better protection of youth. In the Spring of 1944, judges, welfare workers, and the local Venereal Disease Control Officer were called in to discuss how the community might undertake to prevent an increase in juvenile delinquency. As the result of these conferences, a Committee on Juvenile Delinquency was formed, and after a month's study and consultation, this Committee submitted to the Juvenile Council the "Youth-Building Plan" which is described in the following pages.

The plan included the following projects:

1. The organization of Junior Service Clubs as a foundation for a recreation program in the community.
2. The "Newcomer's Project" for the protection of young women attracted to the community.
3. A Sex Education Project, now amplified to a program called *Education for Responsible Parenthood*, to be incorporated into the schools.
4. A study group for parents and youth on the *Health Aspects of Growing Up*.

5. The organization of a Social Protection Committee to decrease conditions tending to facilitate sex delinquency.
6. A project to obtain case work services for the Juvenile Court.
7. A project to provide police women.
8. A project to provide case work services for youth.

Various member organizations of the Juvenile Council have taken up these projects and put them into action. The women's service clubs in the community, including a group of Negro clubwomen, adopted the "Newcomer's Project," and the men's service clubs took on the Social Protection Project.

The State Board of Health and the State Department of Education assumed responsibility for the Sex Education Project.

The Junior Service Recreation Project has resulted in the expansion of boys' clubs and several other organizations sponsored by service clubs, as well as a teen-age tavern organized by the Junior League.

Partially as a result of this stimulus, private case work has grown in the community, and increased case work services have been provided to the Juvenile Court, but have not as yet been implemented on a permanent basis.

The response to the efforts of this Council on behalf of the youth in the community is fresh evidence of the capacity of an American home town to meet its problems when an organizational instrument is provided. Although each and every project has not come to fruition exactly as conceived, the stimulus of the "Youth-Building Program" has been leaven working among the existing agencies, bringing them together, helping them towards improvement, and refreshing the viewpoint of the people and providing financial and moral support for the groups striving for character development, health betterment, and law enforcement, and human welfare generally.

A LETTER TO CLUBS AND COMMUNITY AGENCIES

Dear Member:

This is the report of the Juvenile Delinquency Committee of the Juvenile Council. It consists of a series of suggested youth-building projects which are the result of our study and consultation, adaptable for use by member organizations of the council. It is our hope that each organization within our council will accept responsibilities in relation to one or more of these projects, feeling free to unite their resources with other interested groups, and feeling free to modify, augment and expand any of the projects as they see fit.

Specifically, we suggest that each organization's representative study the entire group of projects. With the total picture thus in mind, he or she can then return to their own organization, meet with leaders or committees and ascertain what role that organization could best play. Each respective group will have to be stimulated into concern about delinquency as we have been. The study on sex delinquency, made by Dr. Hollister, has revealed urgent need for social protection for our youth, awakening parents to their obligations and stimulating the community to surround youth with opportunities with which

to build itself. Other studies have revealed need of juvenile court facilities, child guidance resources and health education. The possibility of beginning to answer these needs lies within the framework of our suggested projects. It is our hope that you will translate them into reality.

"We are blind until we see
That in the human plan
There is nothing worth the building
If it does not build the man.

Why build these cities beautiful
If man unbuilt goes?
In vain we build the world
Unless the builder also grows."

Very truly yours,

THE JUVENILE DELINQUENCY COMMITTEE

MISS MYRTLE MASON
REV. H. B. SCHAEFFER
MRS. R. C. O'FERRALL

MRS. MARY BAKER
DR. D. H. ORKIN
DR. JOHN L. SUTTON

THE PROGRAM OUTLINE

THE JUNIOR SERVICE CLUB RECREATION PLAN

A plan to promote the organization of Junior Service Club branches of the Service Clubs of the town, that can develop and provide leadership for a youth-run adult-supervised city-wide teen age recreation program.

Purpose

To increase the already too limited opportunities for giving youth a voice and a part in developing recreation projects suitable to its own needs. To bring youth into actual civic participation in projects helpful to the community and to instill in them a consciousness of real American citizenship.

Work Plan

It is proposed that each male service club (and other similar groups) contact young men in high school, in work, or who are awaiting induction, and initiate them into Junior Service Clubs at their regular noon meetings. Under the Adult Club leadership, these Junior Clubs can hold regular meetings to develop the following program:

- A. Leadership for youth recreation projects (i.e. city-wide athletic contests, teen-age social events).
- B. Promotion of pre-induction physical training for men.
- C. Provision of a program to develop a consciousness of the privilege of American citizenship, and to provide for participation in civic war projects.

This will provide manpower and leadership for a year-round youth-run athletic and recreational program to utilize present community resources (parks, community buildings, athletic fields and boys'

clubs). It will provide an opportunity for service clubs, by a combined effort, to develop youth leadership, promote Americanism, further the war effort and reach a far greater number of Jackson youth than has been reached to date.

Suggested Organizations to Participate

Service Clubs and other similar groups such as Kiwanis, Rotary, Exchange, Lions, Civitans, Optimist, Y's Men, Junior and Senior Chambers of Commerce, Jackson Club, Salvation Army, Senior Scouting, YMCA, City Recreation Council, American Legion.

A "NEWCOMER'S PROJECT" FOR YOUNG EMPLOYED GIRLS

A program to aid young employed women to associate themselves with the more constructive elements of the community through use of the women's club facilities.

Purpose

To see that all young women coming into Jackson for employment and training have opportunity

To secure clean, comfortable, properly regulated living rooms.

To meet the right kind of people.

To be invited to attend the church of their choice.

To have wholesome recreation.

To associate themselves with the constructive groups of the community.

Work Plan

The women's service clubs and other similar groups would accept the responsibility for carrying out a coordinated plan to cover the entire community, as follows:

Committees would call on business firms, who employ young women, and set up a system by which names of new female employees are referred regularly by a prepared post card or by telephone. The names of all the new young girls, who have come into such groups as stores, utility organizations, factories, cafes, taverns and hotels, would thus be made known to a central committee.

The committee would then mobilize various community resources for the purpose of orienting these girls to the constructive side of the community. This would include giving the names of the girls to their appropriate church denominations.

In coordination with recreational activities of other groups, each girl would be approached by a welcoming committee that would call and take the "newcomer" girl to a recreation or club group, and continue to do so until the girl orients herself to some constructive group of her own choice. A big-sister comradeship plan might be used in some phases of this program.

It would be the duty of the committee to prepare a resource information file, so that each girl might learn of the youth group

facilities—church facilities, good housing accommodations, library facilities and other community opportunities that are open to her.

Appropriate literature might be prepared for the girls concerning constructive community opportunities.

A special effort should be made to care for girls of out-of-town origin who drift into unskilled jobs in the community, and who stand so desperately in need of friendliness, guidance, social protection and wholesome outlets for their emotions.

Suggested Organizations to Participate

Pilot's Club, Altrusa Club, Young Women's Christian Association, Business and Professional Women's Club, representatives of church youth groups.

PROJECT IN SEX EDUCATION

A plan to provide adequate and skillful educators in the field of sex education, by organizing institutes to train group leaders.

Purpose

To provide good sex education to youth by building up a group of trained leaders in sex education who can, in turn, educate parents and teachers in the proper education of children.

Work Plan

The State Board of Health will organize a competent faculty of psychiatrists, medical-social workers, educators and religious advisors, who will hold periodic institutes on the subject of sex education.

To these institutes may come group work and case work leaders, teachers, nurses and other individuals who are willing not only to learn, but to offer themselves to be on call to do sex education in the communities of the state.

The institutes will not only teach the anatomical, physiological, emotional, social and spiritual facts about sex, but will also endeavor to teach pedagogy, community approach and provide for individual counseling on personal matters for students of the institute.

Those who complete this study will then be on call to organizations desiring discussions and leadership in this field.

In addition, there will be a state-wide program of community education and teacher training toward the standpoint of providing trained emotionally suited, sex education trained teachers, that are accepted by the community as an integral part of the school program. This school program is to be paralleled with a program of parent education in sex education, in order to provide a coordinated, continued, gradual pattern of sex education in home, school, and church that is satisfactory to the aims of all three institutions, and yet adapted to the individual child.

Suggested Organizations to Participate

The State Board of Health and State Department of Education, leaders from YWCA, YMCA, PTA, Junior League, City School System, Local Health Department, Girl Scout and Boy Scout Leaders, Red Cross, Salvation Army, Council Social Agencies and others.

THE HEALTH ASPECTS OF GROWING UP

A study-group educational unit on the physical and mental processes of growing up.

Purpose

To lead to greater understanding, by both parents and youth, of the process of growing up, not only physically, but emotionally and mentally.

Work Plan

Groups undertaking this project would organize a sub-group to study the resource materials and present the project before the entire group. Then, teams could be organized to carry this educational program to youth groups between 12 and 18 years old.

A typical two-unit program might include:

First Session: Growing Up Physically

- A. Changes in body build
(general growth, development of organs, of sex characteristics, etc.)
- B. Changes in body functions
(energy-strength change, body defense changes, sex changes, menstruation, emission)
- C. Disease hazards from 12 to 18
(tuberculosis, mumps, trauma immunization)

Second Session: Growing Up Mentally

- A. Intellectual changes
i.e. new interests, self-dependency (the adolescent revolt)
- B. Emotional changes
(security, sex feelings emerge, their control and interpretation)
- C. Social changes
(new horizons, vocations, dating, recreation)

These units could lead on into expansions of particular phases in discussions or under visiting leaders. Considerable literature is available at the State Board of Health.

Suggested Organizations to Participate

Federated Women's Clubs, Parent Teacher Associations, American Association of University Women, Junior League, Young Men's Christian Association, Young Women's Christian Association, and church adult groups, to be carried to youth groups such as Girl Scouts, Boy Scouts, Church Leagues, Junior Red Cross and others.

A PROJECT TO DECREASE CONDITIONS THAT FACILITATE
SEX DELINQUENCY

A program through which the various Service Clubs of Jackson can bring pressure to bear on those whose business practices promote, either actively or passively, sex delinquency.

Purpose

To decrease sex delinquency and the consequent heavy toll and cost of venereal disease, by a program of education, social pressure, and increased support of law enforcement.

Work Plan

Each service club can be represented in a politically independent "Citizen's Social Protection Committee." This committee can review the evidence gathered by the Venereal Disease Control Officer on the incidence of prostitution, promiscuity and venereal diseases, and formulate a program to abate the business practices and conditions that promote this delinquency and spread these diseases.

For instance: A community-wide education program, which might utilize the distribution resources of the OCD block system, can be carried to the citizens. Tavern operators, hotel operators, cabin-camp owners and taxicab operators can be approached and educated into self-regulation and adherence to codes of ethical performance.

This committee can actively back police and other enforcement officials when they dare to handle politically-backed facilitators. It can initiate action to padlock uncooperative premises through county and city attorneys.

The committee can create public opinion, by education and publicity, to back such of its steps as: Urging ODT to curtail facilitating cabs through gas allotment curtailment, promoting revocation of licenses for beer, dancing, etc., for uncooperative premises, and promoting more adequate probation, case work and social control of known sex delinquents. The committee can back and promote parallel projects of prevention, health education, rehabilitation and recreation that will decrease sex delinquency.

Suggested Organizations to Participate

Kiwanis, Exchange, Lions, Rotary, Optimists, American Legion, Y's Men, Civitans, Chamber of Commerce and others.

CASE WORK SERVICE TO THE JUVENILE COURT

A program to provide case work service to children coming before the Juvenile Council in Hinds County.

Purpose

To provide case work service for children coming before the Hinds County Juvenile Court.

Work Plan

Case work service to the children coming before the Hinds County Juvenile Court would include service to each child brought into the court and would include supervision of each child until the service was no longer needed. Case work service could include service to white and Negro children. Study and consideration should be given to the desirability of securing both white and Negro case work staff.

Organizations

The organizations who would be interested in a study of the need of case work service to the Hinds County Juvenile Court would be the City Administration, the County Boards of Supervisors, the Hinds County Juvenile Judge, and the Jackson Council of Social Agencies.

The coordinating plan of study to determine the best method of providing case work service to the children coming before the Hinds County Juvenile Court could be undertaken by the above organization. The object of the case work service plan would be to prevent Juvenile Delinquency and to offer rehabilitative services to those children in difficulty.

PRIVATE CASE WORK SERVICE TO CHILDREN AND YOUTH

A program to study the need for private case work service in Jackson.

Purpose

The need for increased case work service for children and youth in Jackson should be considered.

Work Plan

It is suggested that this project be referred to the Jackson Council of Social Agencies for study to determine the need for increased case work service to children and youth in Jackson and that after study and planning, consideration be given to the development of such a program.

Organizations

The Council of Social Agencies and the Juvenile Protection Committee could study the need for case work service to children in Jackson and could consider the ways and means of meeting this need. The County Department of Public Welfare would also be interested in the study of the need for increased case work service to children in Jackson and Hinds County and could determine ways and means of meeting this need by that Agency.

POLICEWOMEN

A plan to provide the services of one or more women to be associated with the Police Department, their responsibilities to be that

of dealing with the girls coming to the attention of the Police Department.

Purpose

To provide additional service to the young women coming to the attention of the Police Department in Jackson. The employment of policewomen would increase the capability of the Police Department in the handling of the female offender.

Work Plan

The Police Department could enlarge its service by considering the addition to its staff of one or more policewomen who would deal with the girls and young women coming to the attention of the Police Department.

Organizations

The City Police Department and Probation Officer, the City Administrative officers, as well as others would be interested in a study of the need for the employment of policewomen on the City Department. After careful study, the desirability of this type of service could be determined by the Department.

“The control of the venereal diseases and the repression of prostitution will never reach full realization until we view the problem from the social as well as the public health point of view. Studies of women in prostitution and observations of persons connected with prevention and treatment of venereal diseases coincide with our judgment that prostitution is a manifestation, a symptom, of a much greater evil created by adverse conditions, pointed to and known by all, and in which the lives of many young girls are involved. So we look at the problem as something more than a threat to the physical health of the country, and are constantly disturbed because we are not putting into practice all our faculties in a supreme effort to profit by the interest aroused recently in our community regarding the attack on these enemies of health and family security.”

MARIA PINTADO DE RAHN
*Director, Department of Social Work, University
of Puerto Rico, in a Social Hygiene Day
address, San Juan, February 16, 1945*

SOCIAL PROTECTION AMONG NEGROES *

NELSON C. JACKSON

Social Protection Representative, Region VII, Federal Security Agency

An attack on one-third of the venereal disease infections of the nation is the job of agencies and citizens in the States of Alabama, Florida, Georgia, Mississippi, South Carolina and Tennessee which make up Region VII of the Social Protection Division.

Study of the average syphilis rates based on figures for the first two million volunteers and candidates for Selective Service reported through August 1941, showed that prevalence for this area was 309.4 per thousand among Negroes, the highest rate for any area in the nation. The same states also showed the second highest rate in the United States among white selectees and volunteers—40.7 per thousand. The highest white rate was in the states of Louisiana, New Mexico and Texas—48.5 per thousand, and this area also showed the second highest rate among Negroes—306.7 per thousand.¹ This bears out the statement that wherever a rate is high within one racial group it will also be found high in another group in the same geographic region.

There are other facts and factors which complicate the job of reducing venereal disease infections in Region VII, and make it important to have the full support and participation of all groups in the community. One of these relates to economic conditions in the area. A recent article in the *Survey of Current Business* reported that while tremendous gains had been made during the period 1939-43 in per capita income payments in the country as a whole, nine of the eleven southeastern states in 1943 ranked in the lowest quarter of the tabulation. Among the states Mississippi was 49th, South Carolina 47th, Alabama 46th, Georgia 43rd, Tennessee 42nd, and Florida, in the most favorable position in the group, ranked 32nd.² These facts are important, because wherever unfavorable economic conditions exist, there will also be found high sickness rates, low educational standards, and fewer services of government for the general citizen welfare benefit.

Another complicating factor lies in the racial composition of the citizens in this area. Negroes comprise very significant proportions of the state populations, ranging from 17.4 per cent in Tennessee to 49.2 per cent in Mississippi. Approximately 39 per cent of the

* An address before the Social Hygiene Institute, Tuskegee, Alabama, January 26, 1945.

¹ Figures from *Syphilis prevalence per 1,000 males 21-35*. Rates among two million selectees and volunteers reported through August 31, 1941, corrected for age, race and residence within each State, adapted from data furnished by the U. S. Public Health Service.

² Charles F. Schwartz, *State Income Payments in 1943* in *Survey of Current Business* (Washington: U. S. Bureau of Commerce, August, 1944).

country's total Negro population and more than 50 per cent of the South's Negro population lives in this area.³ Since VD rates are alarmingly high among this group of citizens, special effort is necessary to enlist their support in efforts toward eradication of these diseases, and to provide ways for them to fit into the whole community job with greatest effectiveness.

With these and other considerations in mind the Social Protection Division, as part of a team including the other agencies designated in the Eight Point Agreement of 1940,⁴ has tackled this job in Region VII, seeking to be of service wherever possible on the four-front attack through Law Enforcement, Health, Welfare and Prevention, and Education. This paper tells of results obtained in Negro segments of some communities, particularly the smaller communities, because this meeting is designed to interest rural groups in the program. I would like again to remind the audience, however, that Negro participation of optimum value is possible only when the entire community is behind the attack, and understands that the problem is not white nor black, but a long-range broad-gauged effort which concerns all and deserves the support of all.

Law Enforcement

The immediate problem in many areas is lack of understanding of the fact that the fight against venereal diseases needs active law enforcement in Negro as well as in white communities. In this matter a single standard of law enforcement is indicated. This can be secured when problems are faced squarely, with Negro citizens cooperating with law enforcement officials and white citizens. An approach of friendly cooperativeness is especially necessary in Negro-white relationships in law enforcement.

Some months ago a request was made of the Social Protection Division in the vicinity of a large military installation to confer and assist in the problem of reducing opportunities for exposure to venereal disease in this area. The VDCO at this base reported that while the rate was low among white troops the Negro rate was between 150 and 200 per thousand per annum. In response to this request a committee was organized in the neighboring community, including Army officials, the Chief of Police and Chief of Detectives, county venereal disease control officer, health officer, city welfare director and a representative of the Bureau of Social Protection. Later, at the Mayor's invitation a Negro committee, composed of lay citizens, was organized and its president was invited to attend meetings held monthly of the community committee.

Racial relations in this community were poor and serious tensions existed. Preliminary discussions between representatives of the Social Protection Division and city officials were apparently unproductive. As time went on, however, the city officials became convinced of the need for Negro cooperation and arrangements were worked out

³ U. S. Census of Population 1940.

⁴ Agencies designated are Army, Navy, U. S. Public Health Service, Social Protection Division FSA and American Social Hygiene Association.

between the military and civilian police. Colored MPs patrol the Negro section and work very closely with the white police officer on the beat. When a soldier is seen with a known prostitute or promiscuous woman she is apprehended by the civilian police, while the MPs take charge of the soldier. Recently seven Negro rooming houses were raided in one night and 41 soldiers and prostitutes were apprehended. All women picked up on the raid were convicted and sentenced to 60 days or \$250 fine, plus 60 days straight time. Within a few nights three more rooming houses were raided and 12 prostitutes arrested. Ten of the 12 were found to be venereally infected.

This cooperation between Army and local officials, and the bringing in of influential Negro citizens to help tackle the job among their own group has resulted in the elimination of practically all prostitution in the community, at least for the present.

The VD rate among Negro troops has dropped considerably and there are now few Army infections attributed to the community. As part of continuing support of the program the judges of both the juvenile and city courts have agreed to work with the Mayor's Negro Committee in an attempt at further reduction of infections through better law enforcement.

Another interesting example of effective cooperation of white and Negro citizens is seen in the program with a police department in a metropolitan area. Facts brought to light through an "under cover" report, on prostitution conditions, supplemented by knowledge gained through work in the community over a long period of time served as bases for action.

Two years ago the Chief of Police called together representatives of white hotels in the city, discussed problems of law enforcement against prostitution and finally requested cooperation "or else." Later, after conferences with the Chief of Police and representatives of agencies, including the community organization secretary of the Urban League, Director of the Negro VD clinic, and social protection section, plans were initiated to include Negro hotels and rooming houses, taxicabs, and taverns and restaurants in a series of meetings. At the present time two meetings with special groups have been held and the third, with tavern and restaurant operators, is to be held in the near future.

The procedures followed in this project show some unique techniques in community organization. Invitations to owners and operators of various businesses were issued by the Chief of Police. Approximately 150 hotel and rooming house operators were present at the first meeting and 200 Negro cab drivers were in attendance in the second. The program for the meeting included showing of a VD picture; remarks by the director of the Negro VD clinic indicating some of his problems, and requesting cooperation; statements by Army representatives showing the devastating effects of VD in the Army; a resume by the social protection representative

of law enforcement activities in several communities in the region; and a statement by the Chief of Police pointing out his problems and asking cooperation. He stated that he could do a much better job if the representatives of the various businesses would aid by learning the facts about prostitution and VD, and how they can help, so that less compulsion by the police department would be necessary. There was excellent response from the audiences and a statement of willingness to cooperate further.

Soon after the meeting plans were started to organize hotels and rooming house operators for continued action and it is expected that a good organization will be active shortly because interest is high.

Taxicab operators are already organized in an association, and it was easy to use their organization as a basis for self-policing. An executive committee with a representative from each cab-stand in the city was appointed, in cooperation with the president of the organization, before the initial meeting. Subsequent meetings have been held, literature distributed, and plans for continuous activity developed. This group is so far doing an effective job. Cab drivers, in the main, are refusing to transport persons to places where rooms for illicit purposes can be secured. The association offered the use of cabs free of charge during Negro Health Week to transport persons to the clinic for VD examinations. Each cab carries a poster indicating that the driver is cooperating in the VD control program.

Generally speaking, Chiefs of Police in the South, where Negro officers are employed, state that their experience is good and that such personnel is highly recommended. It is believed that further cooperation between Negro and white citizens in law enforcement against prostitution could be strengthened by use of more Negro policemen. In several places where arrangements have been worked out between military police and/or shore patrol using Negro personnel with local law enforcement officers, lower VD rates within the armed services have resulted. This suggests that Negro civilian police could further improve the job.

Health and Education

Two other "arms" of the job of VD control are those of health and education. They are combined here for discussion because so many of the activities are interlaced. A good health job is effective only when the citizenry is educated to the underlying factors involved. In this phase of work while the actual job of health and education is in the hands of the competent authorities in these respective fields, the Social Protection Division endeavors to supplement these efforts as necessary and possible.

The task of education among Negroes requires maturity on the part of the teacher—maturity in the general field of education, plus a knowledge of racial relations in dealing with minority groups.

Finely balanced racial relations may be upset if the officials responsible for venereal disease control have preconceived notions unfavorable to the ability of Negroes to cooperate with, participate in, and benefit by a program. On the other hand, in several places where military installations have refused to be contented with a VD rate for Negro troops several times higher than that for white servicemen and have staged an all-out attack, success has been achieved.

No better example can be cited of what is possible in this respect than the meritorious service rendered by Lieutenant Colonel George McDonald, Chief of Professional Services at Tuskegee Army Air Field, in cooperation with members of his staff and officials of Army Air Forces Eastern Flying Training Command and in Washington. From February through July 1942 the VD rate ranged between 150 and 250 per 1,000 per annum, month after month at Tuskegee. This was the average throughout the United States for Negro troops, in contrast to a rate among white troops of 10-30 per thousand per annum.

Study was given to the cause of high rates among Negro personnel at Tuskegee and it was concluded that a reduction could be effected in spite of the handicaps presented by social and economic problems. Realizing that the incidence of venereal diseases was partially correlated with low educational status it was decided that an educational program would have to be developed with regard to the venereal diseases and their consequences. Throughout the educational program statistics regarding the comparison of rates between white and Negro troops were kept before the men. This was done primarily to instill a desire to make an effort for their personal and racial benefit. As a result of the program, which can be described here but briefly, the rate was lowered to the twenties and for many months ranged between nine and twenty.

The War Department, realizing the success of the venereal disease control program at Tuskegee, decided to institute the plan for all Air Forces where Negro troops were stationed in sufficient numbers. Accordingly, a course of instruction in venereal disease control was established at Tuskegee, in May 1943. Servicemen were carefully chosen for this course with regard to educational background, intelligence, personality, qualities of leadership exhibited, and suitability for duties in this field of endeavor. Well over a thousand men have graduated from the school, all of them non-commissioned officers.

After a course of training in which representatives of various Army divisions, public health, social protection, and USO participated and a curriculum well packed with lectures, clinical demonstrations, laboratory techniques, films and forums, the men returned to their respective stations, where they went on working with the VDCOs to reduce the incidence of venereal diseases among Negro

personnel. The essence of the method on the station is in dealing face to face with small groups of men. That this method has been successful can be noted in the reduction of rates in areas where these instructors have been actively assigned to the task for which they were trained.

While the above project mainly affects Army personnel, permission has been granted to use some of these non-commissioned VDCOs in civilian communities adjacent to camps where they have been found quite helpful.

Following the original theme that health and education for VD control are inter-related, two incidents are herewith presented to point out pitfalls which can be avoided:

During the past school year a community venereal disease officer instituted a sex hygiene course in the Negro high school. About 1,000 Negro youth attended this school, ages ranging from 10 to 20 years. Interest was sustained in the course by generous use of films, colored slides, posters and lectures. So many parents asked permission to attend the lectures that the health officer set up a separate course for them. The effectiveness of the course can be judged by the number of parents who voluntarily brought their sons and daughters to the VD clinic for examinations, after they had learned to recognize some of the early symptoms of venereal diseases. At the end of the course all students were invited to have their blood tested. The response represented 99.8 per cent of those enrolled. Three and three-tenths per cent of the students examined had positive reactions and were placed under treatment.

The Social Protection representative in this State related the incident to a health officer in another community who requested cooperation of the principal of the local Negro high school in a similar blood-testing program. The principal agreed and said that he would send the students to the clinic in groups of thirty until all had been tested. Four showed up.

Why did the project succeed in one case and fail in the other?

Because in the first instance the groundwork was well laid and an educational program developed well in advance of the actual blood-testing program. The students knew why an examination was important and were anxious to know the state of their health. In contrast, in the second high school, students had no knowledge, even after being examined, of the nature of the diseases, or their effects.

The value of health and education programs for VD control appears to rest upon their timing with relation to one another. They must be geared together for carry-over to the greatest number of persons. It is also important to enlist the support of as many community groups as possible, including the church and organized labor. The people must know why venereal diseases are dangerous and how they can help to wipe them out.

Much of the success of any venture lies in the use of competent personnel. Some communities have used Negro doctors, nurses and contact investigators. Recently a neighboring State has employed one male Negro contact investigator in its largest city and

is searching for four additional persons for this work in other cities. Communities might also utilize Negro medical social workers in clinics. This class of trained personnel is difficult to find at present but the plan is important to keep in mind when the "market becomes less tight," especially in our region where so many social and economic problems exist.

Welfare and Prevention

Infection, reinfection, incarceration and reincarceration, continue endlessly unless positive community efforts are developed, coordinated and used to their fullest extent for prevention. As has often been said we can continue to swat the mosquitoes and put up screens to control malaria, but effective control includes drying up the swamp. The deepest swamps of VD infection to be dried up are found in our poverty stricken sub-standard areas.

To date greater advancement has been made by law enforcement and health than by welfare in the social protection efforts. This no doubt arises in part from the fact that categorical limits govern the activities of public departments of welfare. However, where Social Planning Councils are developed and communities have effective welfare agencies, progress is being made. Region VII will soon have available a study showing experiences in redirection of the first 100 girls referred by the Judge of the Records Court to social agencies in Greenville, South Carolina. This work has been on an experimental and selective basis but has proved successful enough to warrant in the near future referral to these agencies of all cases of sex delinquency. Good case work services are a definite part of a redirection program.

One of the VD hospitals in Region VII employs a trained social worker who serves as a counselor to patients sent for treatment. Since the use of penicillin has materially shortened the length of stay at the institution, patients are interviewed and those having problems requiring follow-up are referred to the medical social worker in the county clinic, where they are to return for periodic check ups. This worker in turn refers patients to proper agencies when specific needs are indicated.

The recent establishment of a crime prevention bureau in one southern city has shown that services can be secured if the need is understood. This agency employs a Negro policewoman as a regular member of the police department. Several other communities in the region are setting up such bureaus or are employing policewomen for work in the Negro groups. It is believed that much good can be accomplished by this practice if understanding and tact are used in selection of personnel. Where the use of Negro personnel is contemplated the Negro community can often be helpful if they have a chance to confer with officials regarding the appointment of Negro staff members.

The Division of Recreation-FSA has civilian committees similar to social protection. Their job in communities of the region in

the field of recreation is important as these groups help to lift the moral fibre of citizens. Cooperative efforts in the field of prevention can be worked out at community levels between recreation and social protection. In the same vein the use of group work agencies in the field of prevention of delinquencies should be increasingly considered. They are allies in the fight waged by all of us. In rural areas such groups represented here including 4-H Clubs and others, should not be overlooked for a large bulk of venereal infections in the Army is contracted at the cross-roads, and in small towns and hamlets of the nation.

Conclusion

The Division of Social Protection operating in this region is assisting the VD control program by serving as a cooperating and promoting agency, for securing maximum united services in the fields of law enforcement, health, welfare, prevention, and education. It seeks also to stimulate activities in local communities by organizing Social Protection Boards consisting of a cross representation of local citizens with the paid officials acting in an advisory capacity. Citizens can build public support for the agencies designated to do the job, and at the same time agencies have an opportunity to become better understood by the people they serve.

Much remains to be accomplished in the acceptance of Negro participation. Beginnings are noticeable but many fears still exist. To the everlasting credit of those who are cooperating is the fact that wherever this has happened the community is healthier and more wholesome because all are working together on a common problem.

Social Hygiene and the Physician

... "The field of social hygiene includes sex problems in general, i.e. marriage, divorce, illegitimacy, prostitution, and sex education, in addition to its interest in syphilis, gonorrhea and the other lesser known venereal infections. Just as the primary responsibility for diagnosis and treatment of these diseases rests on the medical profession, so must we count on law, religion, sociology, and general education to cope with the other sectors. Home, school and church, for example, are the primary sources for sex education; the police and courts are accountable for law enforcement against commercial prostitution. And the entire community is responsible for maintaining a civic environment conducive to happy, healthy growth and living for the whole population—particularly youth. Hence, aside from his specialized field, the physician can aid social hygiene progress by understanding and supporting sound principles and practices in sex education, law enforcement, and social protection . . ."

HENRY H. HAZEN, M.D.
*President, District of Columbia Social Hygiene
Society, in an editorial in the Medical Annals of
the District of Columbia, February, 1945*

LEBANON COUNTY LOOKS AFTER ITS GIRLS

A PENNSYLVANIA COMMUNITY COMBATS DELINQUENCY AND VD

FLORENCE M. LONG

Case Worker, Associated Charities, Lebanon, Pennsylvania

Lebanon County, Pennsylvania, according to the Census in 1940, numbered at that time 72,641 souls, and of these 27,206 were in the city of Lebanon, a pleasantly named and pleasantly located community in the southeastern part of the state. Like other areas near military installations, both city and county have found both population and problems growing rapidly in the wartime years since 1940, and like most other communities where similar conditions have arisen, Lebanon has taken steps to meet the situation. The JOURNAL OF SOCIAL HYGIENE takes pleasure in presenting an account of how this is being done, as an example of resourceful and thorough teamwork which draws in the interest and cooperation of the whole community, gets back to the real reasons behind the difficulties, and to a great extent apparently achieves improvement among those who are involved in these difficulties.

THE EDITORS

We first had to sell our ideas to the public officials—the Judge, District Attorney, Mayor, County Commissioners, Sheriff, and the State and City Police.

The group then came together to formulate plans for cooperation. After this first group met, another meeting was held with Governor Martin, the State Health Department, and the military authorities. After this second meeting, we began to function and put on every effort to aid in controlling and preventing the delinquent and moral problems which were causing an increase of venereal disease in and around the military area.

The methods we used to cope with this problem are as follows:

1. First, we scouted and visited various places of entertainment—such as taverns, dance halls, restaurants, the roller skating rink, swimming pools, hotels and clubs, to acquaint ourselves with the type and class of people who frequent these places. We tried to get a line on all questionable and suspicious persons, when anything indicating such behavior was brought to our attention by any of the various agencies or otherwise. We also talked with proprietors of these different places of entertainment, told them of our plans and gained their cooperation.

2. When a girl was named on a complaint blank we visited her, talked with her, gained her confidence, and persuaded her to have an examination, voluntarily if she was exposed, but if we had definite

information that the girl was spreading infection and was promiscuous at all, we held her in quarantine. We would then proceed to arrange a special clinic for her if it was not our regular clinic day. If the girl's test proved to be positive and we feared that she could not be trusted she was placed in the State Quarantine Hospital at Lancaster. In some cases, where the girl was not habitually promiscuous, she voluntarily agreed to go to the State Quarantine Hospital for treatment.

Meanwhile, plans were made for return of the girls to homes and communities and a follow-up plan was worked out for them to report every two weeks at the Associated Charities. In these visits they aired their troubles and presented their problems and were helped to work them out accordingly. This proves to the girls that we really are trying to help, and we have gained their confidence and respect in most cases. This is, in our estimation, one of the best points in our program.

3. When girls have come to our attention shabbily dressed, or without money for food, we have provided clothes, meals, shoes and also helped them to get work.

We serve also as the Traveler's Aid Society representative for our community. We arrange transportation for girls who are sent back to their own communities. This job also includes case work.

4. Girls charged and girls who are repeaters, if under eighteen years of age, are brought before the Court. Girls who are under eighteen years of age are brought in on a charge of incorrigibility. The Judge either places them on probation or has them committed to the proper institutions.

If the girl happens to be from another county and was placed on probation by our county, the other county is given a chance to follow up the case. The Court order which places her on probation and a case history of the case are presented to the Probation Officer of her community.

From time to time, to arouse interest in our program, we give talks before various clubs and organizations. This one is an example of a talk before a local Ladies Auxiliary Council:

Madam President and Ladies of the Council:

It gives me great pleasure to tell you what Lebanon County is doing to combat moral and juvenile delinquency and venereal disease. First you may like to know the difference between a "moral delinquent" and a "juvenile delinquent" as described by the law. A moral delinquent is a girl or woman over 18 years of age, and a juvenile delinquent is under the age of 18. Probably you will be interested in knowing how these girls and women are called to our attention, that is, by whom they are referred, what we do when the referral is made, and how many we have.

These cases come to us from the Venereal Disease Control Center at Indiantown Gap, some being apprehended by city and state police, others being reported by parents, relatives and friends.

When a soldier is found to be infected, he is questioned about his contacts, and in some cases, we get only the description of the girls, not the names. When the women are later apprehended, and there seems to be any question about identity, the soldiers are brought to Lebanon to make the identification. The Charities have been handling this problem, with the cooperation of the State Sanitary Officer, the Traveler's Aid, the City and State Police, the V.D. Control Center at the Gap, the State nurses, and the Lebanon County Court.

When a girl is brought to our attention, the State Sanitary Officer and I question her, asking who her contacts were, and, if she is promiscuous, and cannot be trusted, placing her in quarantine in the jail, where a place has been provided. Girls who can be trusted, are allowed to remain in their homes, under the supervision of their parents, until they are examined. The examination takes place at the G. U. clinic which is held every Friday afternoon, at Good Samaritan Hospital, and every girl is given a Wassermann test for syphilis, and a test for gonorrhea. The clinic is operated by the State with State funds, and has a physician and two State nurses on its staff. The doctor takes the tests and the nurses assist him in this, and in following up the venereal disease cases. If a girl is the promiscuous type, a case history is taken to the Director of V.D. Control, State Department of Health, and he issues commitment papers to place the girl in the State Quarantine hospital at Lancaster. If the girl is not promiscuous, and can be trusted, she is allowed to take her treatments at the G. U. clinic, or from her own family physician. The girls that are taken to State Quarantine hospital are accompanied there by the Sheriff and myself.

Upon their release, if their home environment is desirable, they are taken home. If not, the Court places them in foster homes. Some of these girls are taken before the Judge on a petition of delinquency and are placed on probation, or committed to some institution. We have very few girls who are brought to Court, the repeaters usually being the only ones. The Charities follow up the girls, see that those who do not attend school get jobs to keep them busy, secure sponsors to act as Big Sisters for them. We try also to secure membership for them in the Y.W.C.A. and to see that they get to some Sunday School or church. Her minister and Sunday School teacher are notified when a girl is released, as they, too, play a large part in helping to guide these girls and women to the more wholesome things in life.

A State Quarantine hospital for these promiscuous women was made possible in this way: the state, city, county, and military officials met in conference with the State Department of Health at Harrisburg. The outcome of this meeting was that the Lancaster

County Commissioners leased a property to the State for a quarantine hospital, which is located on South Ann Street, Lancaster, and can accommodate 150 women. At present, there are 60 patients.

The Hospital was opened July 6, 1943, and, to date, has had 203 patients coming from surrounding counties. Lebanon has had 49 girls committed, 5 of whom were repeaters, and at present they have 13 girls from Lebanon under treatment. The Hospital is not maintained for the admission of hardened prostitutes, but rather for the girl who has lost her way, who simply needs counsel and guidance and a sympathetic, understanding approach to her problem. A clinic is held every day in the Hospital when the girls receive their treatment, through the State Clinician for Venereal Disease. The superintendent of the Hospital was formerly superintendent of the Home for Friendless Children. The matron of the Hospital was formerly a worker at the Sleighton Farms School for girls. Case histories are submitted to these workers, thus making it easier for them to know how to deal with the girls as individuals. The State does not supply the clothing for these girls. The Charities supply the necessary clothing for the City girls, and the County Commissioners supply clothing for the County and out of County cases.

While the girls are at the hospital they assist with the work, with cleaning and sewing, waiting on tables, kitchen work, etc. They rise at 7 o'clock in the morning, eat breakfast, receive medication and they do the morning cleaning and laundry work. They have their lunch at noon, and after lunch, they take short walks on the grounds and are allowed recreation. From 2 to 4 p.m. is their rest period, and from 4 to 6 they sew, making uniforms and bandages for the hospital. At 6 o'clock they have dinner. After dinner, with dishes washed and everything in order, they have entertainment, such as games, dancing, and singing. Girls who smoke are allowed five cigarettes a day. There is a small commissary where the girls may buy candy, cosmetics, cigarettes, writing paper. All holidays and anniversaries are celebrated by having parties. Visitors are not allowed, but the girls may write letters. A typical day's menu is like the following:

Breakfast—Tomato juice, wheatena, toast, bread and coffee.
Lunch—Fried potatoes, vegetable soup, salad, plums.
Dinner—Baked fish, apples, tomatoes, string beans, bread.
Sunday—Roast chicken.
Monday—Roast beef.

The girls have a glass of milk twice a day, and coffee once a day. Much of the food served is taken direct from their gardens, so that they get all fresh vegetables.

After a girl is released, she returns to the referring agency, who has made plans for her while she was confined in the hospital. The number of women and girls we dealt with in 1943, was 130.* Out

* See figures for 1944, p. 289.

of this number, 70 were infected with either gonorrhea or syphilis, and 10 of these 70 had *both* diseases. Breaking this report down to moral and juvenile delinquents, we had 91 moral delinquents and 39 juvenile delinquents.

Of the 70 infected girls and women, 46 were moral delinquents and 24 were juvenile delinquents. One hundred and eight of 130 girls were from the State of Pennsylvania (74 were from Lebanon County) and 22 were from other states.

White	127	Married	45
Colored	3	Widowed	2
Single	82	Divorced	1

Among the causes of delinquency and social disease problems seem to be: lack of moral and religious training from parents, delinquent parents are basically to blame in many cases because of their failure to train, discipline, and to supervise the activities of their children, as they should. Some mothers working in defense plants also are contributing to delinquency.

As a closing thought, I would like to stress the importance of preventing a thing, rather than trying to cure it after it becomes active. It is more important than ever these days that an educational program relative to social disease should become a reality. This is not a subject to shy away from but a fact to be faced. There must cease to be whispering campaigns against venereal disease. It must be brought into the open. The mother and father must learn to explain to their children, the church must listen without blushing, the school must seek new and better ways to present social hygiene lessons. Even the child in the 4th grade should be made aware of this problem and its dangers.

The whole question of sex should be treated not merely as a health, but as a moral issue. Constructive forces should overbalance destructive forces. Our boys and girls should be made to realize that promiscuity and intercourse before marriage are cheap and belittling. They must have presented to them more attractive ideals concerning marriage and the responsibility of bringing children into the world. Friction in the home, loose conduct on the part of the parents, drinking and carelessness of speech and actions—these are the destructive forces.

The methods that have been used in Lebanon County to curb venereal diseases have been recognized by all surrounding counties and the State Department of Health as an ideal program. We have aided Harrisburg, Reading, York, Pottsville, and as far west as Crawford and Mercer Counties. We have a home front to maintain. How are we to do it? Only by combined, earnest efforts of every person and agency.

STATISTICAL REPORT FOR YEAR 1944

<i>Number of girls dealt with</i>	196
Lebanon County girls.....	145
Out of County girls.....	21
State of Pennsylvania girls.....	166
<i>Out of State girls</i>	30
These came from Kentucky 1, Kansas 2, Texas 1, New York 8, Virginia 2, West Virginia 1, Illinois 2, Ohio 5, California 1, Maryland 1, Indiana 1, Montana 1, Wisconsin 1, Iowa 1, New Hampshire 1, Connecticut 1.	
<i>Juvenile delinquents (age 12 to 18)</i>	63
<i>Moral delinquents (age 18 to 52)</i>	133
<i>Non-infected girls</i>	98
<i>Infected girls</i>	98
Gonorrhea	84
Syphilis	17
Girls with both diseases.....	5
Single girls and women.....	108
Married girls and women.....	76
Widows	3
Divorced	9
White girls.....	174
Colored girls.....	22
<i>Commitments</i>	
State Quarantine Hospital.....	58
State Industrial School for Women.....	4
House of the Good Shepherd.....	5
House of Mercy, Washington, D. C. (pregnant girls).....	4
Laurelton State Village (Mental Defectives).....	1
Sleighton Farms.....	2
Lebanon County Jail.....	1
Probation (10 Lebanon, 1 Lancaster, 1 Pottsville).....	12
<i>Releases</i>	
To report to State G.U. Clinic.....	32
To family physicians.....	10
To parents.....	67
To Traveler's Aid Society.....	28
To Children's Aid Society.....	2
To Associated Charities.....	2
To Red Cross.....	2
Death	1
Cases pending.....	15
<i>Charges</i>	
Runaways	7
V.D. suspicions.....	171
Incorrigibles	8
Prostitution	3
Vagrancy	2
Disorderly conduct.....	1
Violation of parole.....	1
Mental defective.....	1
Adultery	1
Forgery	1
<i>Cases referred by:</i>	
City police.....	64
Mr. Bitner and Miss Long.....	45
Associated Charities.....	44
Contact from Indiantown Gap.....	22
State police.....	13

THE POLICEWOMAN—YESTERDAY, TODAY AND TOMORROW

IMRA WANN BUWALDA

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"The development of women police, although still in a vague and uncertain stage, is a factor of supreme significance. The possibilities of their work with women and girls along preventive lines, as well as with the conditions which affect women and girls, are almost immeasurable." This is the way that Raymond B. Fosdick summed it up in his book, *American Police Systems*, published in 1920. That was 10 years after the appointment of the first policewoman, Alice Stebbins Wells, in Los Angeles.*

Until World War I, when increase of juvenile delinquency and sex offenses by and against women and girls highlighted the need, the spread of the policewoman movement was both slow and geographically spotty. In 1919, Lieutenant Mina Van Winkle, then head of the Woman's Bureau, Metropolitan Police Department, Washington, D. C., organized and largely from personal resources financed an International Association of Policewomen, and through it secured widespread public support by women's organizations and civic groups for the appointment of qualified women on police forces. Under the able and brilliant leaderships of such women as Dr. Mary B. Harris, Miss Henrietta Additon, and Miss Helen D. Pigeon, the movement gained considerable impetus and spread not only across this country but to England, France, Spain, the Scandinavian countries, and even to Japan. Warsaw, Poland, for example, was to have celebrated the fifteenth anniversary of the appointment of its policewomen in 1940—had not the outbreak of war prevented.

Stimulated by, and parallel with, the spread of the movement, came the recognition of crime prevention as a major police function. August Vollmer as President of the International Association of Chiefs of Police set the keynote in 1922, and the chiefs adopted resolutions at their annual convention that year, plainly stating their acceptance of this view. It was at that same convention, also, that Lieut. Van Winkle so impressed the chiefs with the demonstrated and potential services of policewomen in the field of crime correction and prevention that they adopted a series of resolutions declaring policewomen to be a necessary part of *every* modern police department and setting up minimum standards for selection of the women.

The movement was slowed up both by the depression, of which the International Association of Policewomen was a victim, and the lack of sustained public interest.

* A few years prior to that, Lola Baldwin had been appointed to do preventive-protective work with children and girls at the Lewis and Clark Exposition in Portland, Oregon, but she was not called a policewoman.

Also, it must be acknowledged that in some cities where policewomen were appointed, they either did not have the personal qualifications to do the specialized job acceptably, or there was a lack of departmental backing and cooperation which made effective work impossible. In some instances, also, the social workers in the community have not recognized the real importance of the police function in this field and have withheld necessary cooperation. They failed to recognize the distinctions in functions and that the juvenile bureau was *not* an intruding and competing new welfare agency for treatment, but a police unit with a social welfare point of view.

Today we are in the final phases of World War II. A rise of juvenile delinquency rates, a wartime increase of 44.6 per cent (FBI figure) in crimes committed by girls and women, and sharply increasing rates of venereal disease infection, said to be due in large part to the amateur good-time girl rather than to the professional prostitute, all focus society's attention on the necessity for effective community delinquency control programs.

There is every reason to believe that the national problems posed by these developments will not solve themselves with the coming of peace. On the contrary, many authorities in the fields of law enforcement, social protection, and public health, forecast both a crime wave of unprecedented proportions and a greatly accelerated rate of venereal disease infections in the postwar period.

In the twenty-five years that have elapsed since Raymond Fosdick made the statement quoted at the beginning of this article, policewomen have fully justified his optimistic forecast. In those scattered communities in which qualified policewomen are functioning, they have been able to deal so constructively with cases of children and girls coming to them that only one case in ten has to be sent on to court. They have, moreover, proved their ability to identify community "moral hazards" and to present them effectively to community authorities and civic groups for action. In many cases they have served as the catalytic agent making possible the integration of a community's law enforcement and social agencies.

What of the movement today—its present status, its needs, its prospects? The 1940 census lists a thousand policewomen in America and there is every reason to believe that several hundred more have been appointed since that time. The cities which have qualified policewomen are widely scattered. On the basis of the best available information, however, less than 3 per cent of America's 6,000 law enforcement units include qualified policewomen. It is also true that the majority are in a relatively few large cities. Captain Rhoda Milliken, Chief of the Woman's Bureau of the Washington, D. C., Metropolitan Police Department, and the writer have been doing some figuring on the immediate number of qualified women needed if every city over 25,000 were to meet minimum requirements in this field. If the needs of unincorporated areas and smaller cities also are to be met by the appointment of policewomen in sheriffs'

departments and State police, the total minimum figure would be 3,000 women.

That there is a rising tide of demand for policewomen among law enforcement executives is attested by the fact that Deputy Commissioner Eleonore L. Hutzell, head of the Woman's Bureau, Detroit Police Department, and Captain Milliken have received over two hundred such requests in recent months. The primary need now is an intelligent and vigorous recruitment program.

It is suggested that returning servicewomen—the WACS, WAVES, SPARS, and Marines—as well as Red Cross, UNRRA, and other war workers, are an excellent group from which to recruit candidates for policewoman training. They are, of course, highly selected in the first place; they are in good physical condition; they have learned to work with men; to operate in units under direction; and many of them have received specialized training in fields that would be extremely useful in this new profession for women. Schools of social work and universities should also be made aware of the needs and the opportunities in policewomen's work to the end that specially qualified young women may be guided towards this field of service.

Much of that will be for tomorrow. There is a demand *today*, however, and for policewomen's services in a vast majority of cases it will be met by the appointment of a local woman who may or may not have the desired experience and educational background to fit her for the job.

The second great need of today therefore is for training aids and opportunities. *First, on the local level.* In order to aid the newly appointed policewoman in local communities, the National Advisory Police Committee on Social Protection of the Federal Security Agency has sponsored the preparation of a policewoman's manual, outlining the duties of the job, recommended qualifications, how to handle cases, patrol, and community relations. Included are a bibliography, record forms, and other aids.*

There is also a great need for the development of training motion pictures (talking slide films, library of records), correspondence training courses, and the compilation and distribution of kits of special material for the use of law enforcement agencies in local communities.

When the local community requests it, the Federal Bureau of Investigation sends a specialist to aid the local department by giving a series of lectures on crime prevention and techniques of delinquency control. In some States a consulting service to aid in setting up "in-service" training is available from a State agency. In California, for instance, the "Youth Authority" renders this service.

* Soon to be published by the Social Protection Division, Federal Security Agency, is a new manual *Techniques of Law Enforcement in the Use of Policewomen, with Special Reference to Social Protection.*

Training for police practitioners on a *national basis* is limited to opportunities offered a selected group (so far just of men) by the Federal Bureau of Investigation, which has added a 3-weeks' course in techniques of prevention of juvenile delinquency to the curriculum of the National Police Academy.

"Pre-professional" police training in crime-prevention techniques is barely beginning but should spread throughout the country. At the Department of Police Science and Administration at the State College of Washington, Pullman, Washington, under V. A. Leonard, there is a full 4-year curriculum in which a young man or woman may major in the subjects of delinquency and crime prevention. The Department has just been accorded standing in the graduate school with provision for granting a master's degree in this field. Special police training in other universities such as at San Jose State Teachers College in California, and the police graduate school at the University of California at Berkeley, are at present in abeyance due to the war. Inquiries received, indicate that a number of universities in various parts of the country are now planning to meet the requests for specialized training in this field made to them last fall by the International Association of Chiefs of Police.

The third great need is for a *sustained* program of training and recruitment, backed by intelligent public support at all levels of the program, in order that the movement should not suffer another postwar lapse.

Much evidence could be cited to support the conviction that public opinion, when informed, will increasingly support law enforcement executives in appointing qualified women as well as in securing necessary community cooperation for their successful functioning.

Take for instance the action of the National Women's Advisory Committee of the Social Protection Division, Federal Security Agency, composed of representatives of thirty national voluntary women's organizations with a combined membership of more than twenty-three million women. In a meeting on April 12, 1945, they considered the potential services of the policewoman in meeting the urgent immediate and postwar problems under consideration. They not only unanimously passed a resolution endorsing efforts to "aid the local law enforcement administrators in problems relating to the recruitment, training and most effective use of qualified policewomen," but appointed a committee to consider methods of doing it.

We are too realistic these days to believe in a panacea that will afford the solution to any social problem. It would be difficult, however, to overstate the importance and urgency of the appointment of qualified policewomen in the majority of American communities; in rendering them effective training aids and opportunities; and in awakening and keeping alive a far-reaching public understanding and support.

A NEW CHALLENGE TO MEDICAL SOCIAL WORKERS IN VENEREAL DISEASE CLINICS

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There has been some concern expressed in various circles in the past few months about the social and psychological effects of rapid treatment for syphilis and the responsibility of the medical social worker in relation to this changing picture. The personal and social problems which patients have brought to syphilis clinics have always been complex. The medical social worker's job too has been made difficult at times because of lack of definition of its function and scope, and limitations in the number of case workers available to these. In rapid therapy centers today there is need for further clarification of her role because of the volume of cases and the number of services she is asked to render to the patient in a relatively short period of time.

Dr. John H. Stokes,¹ Director of the Institute for Control of Syphilis, University of Pennsylvania, predicts that as the treatment becomes simpler and less impressive there will be increasing difficulty in accomplishing the most fundamental thing in the control of a patient with venereal disease—an education in social responsibility.

In various clinics in New York City today we are seeing a new group of patients who seem to accept a diagnosis of syphilis in the same way that they might accept being told they have a "common cold." They think that because the cure is a speedy one they can live a life without restraint and will not have to "pay the piper." The war and the new method of therapy seem to encourage irresponsibility in some individuals and offer license for complete sexual freedom.

Long intensive treatments for syphilis were hard on the patient, but as they sat and waited in clinics and doctors' offices they had plenty of time to think, and in some instances made up their minds that if they were cured they would not expose themselves to infection again. We know² that guilt is sometimes mitigated by suffering and that some patients derived a certain amount of satisfaction from the discomfort the treatment entailed. With rapid therapy, many of the unpleasant aspects of the treatment have been abolished, and patients seem to be less concerned about diagnosis. However, we know that human nature does not change and that patients suffer from feelings of guilt and are disturbed emotionally even though they do not show their feelings. Dr. Hadley² comments: "Whatever may be the external behavior of the client, he is experiencing a personality crisis." Syphilis³ belongs to the group of illnesses which still carry a stigma, and because of this patients may have hidden fears that are difficult for them to express. The patient

who acquires syphilis may also have other social and emotional difficulties resulting in an unhappy way of life. They should be helped toward realization, toward greater self-esteem, toward a greater sense of adequacy, or we will see them admitted again and again for treatment. Rapid therapy must be accompanied both by education and case work if the results are to be effective for the patient and the community.

Let us consider the service that a medical social worker can render in the care of these patients. In a rapid therapy center she is confronted with many problems. Although her fundamental approach to the social problem of an ill person is the same, there are certain differences in this field, due to the fact that she must always consider the time element. The period for hospitalization for therapy for syphilis is around ten days. In her first interview with the patient she attempts to evaluate his social status and work with him toward plans following discharge. This means that she has to establish a relationship with the patient in a relatively short period of time. This requires unusual skill in helping the patient to verbalize his problem, so that she has a better understanding of his difficulties and can give him case work service that is constructive. In this group the social worker meets persons who do not ask for help and do not wish it. This calls for a different type of approach on a case work basis. A recent report⁴ prepared by a Committee of the Social Case Work Council of National Agencies and the Staff of the Social Protection Division of the Federal Security Agency, states in relation to this question:

"The emotional problems which many of these young people present means that the client is not likely to show initiative in the case work relationship, a factor which needs to be faced and dealt with by both the agency and the case worker. An aggressive program for the protective purpose through case work requires that the worker initiate and assume responsibility for contacts to an extent not ordinarily required in a case work relationship. The worker will need to be fully aware of the importance of his supportive role in such a relationship."

So that we may have a better understanding of the difficulties, let us consider the type of patient we are seeing in our rapid therapy centers today. The youngsters between the ages of fourteen and nineteen years form a large group of those who are being sent in for treatment. The young girl of fourteen or fifteen presents one of the most difficult problems. These girls seem much older than their age and have a hardened attitude toward life that is astonishing. They are not concerned when they are told that they have syphilis, and do not consider it a problem. They are suspicious of every one and have a rebellious attitude toward life. When they are forced to come to the hospital for treatment, they often resent this and believe they are being punished unjustly. Ruby Little⁵ gives us some interesting observations growing out of the experiences of an agency having a Consultation Service for Girls with Venereal Infections. They found that a number of these girls came from broken and unhappy homes, and their relationships were lacking in security and affection. Miss Little states,

"In these cases the mother particularly seems to be a dominant, aggressive, unloving person. In a number of these cases it is the mother who brings the girls to the hospital or to the court, not concerned nor seeking help as an interested mother might be, but with a marked lack of concern for the girl and a request for punishment."

Is it any wonder that we find a defiant attitude on the part of the patient when she is admitted to the hospital for treatment? On the surface she does not seem disturbed, and resents any offer of help from the social worker. It is only when the worker is able to convince her of the real interest in her as a person and a sincere desire to help that she is able to give any kind of constructive service. It takes time and intensive work to establish the kind of relationship with the patient that is meaningful. Regardless of how skillful the social worker is, the work is bound to be superficial unless she has enough time to work with the patient. This means that the size of the case-load and other pressures in the job must be recognized as factors if she is to make a real contribution. We cannot continue sending patients back to their same environment and expect them to lead a different kind of life than they were leading before coming in for treatment, unless we offer them something in their case-work experience which helps them.

We can best illustrate a phase of the problem and the role of the social worker by a summary of a case that was admitted to one of our large rapid therapy centers in June 1944.

HELEN JONES

This sixteen-year-old Negro girl was first admitted to the rapid treatment center in June 1944; diagnosis—secondary syphilis. Her mother, an attractive, fairly well-educated aggressive woman of thirty-five, contacted the Social Service Department soon after her admission. She was very disturbed about Helen's illness which she felt was a symptom of her irregular life. Helen was the middle daughter of three, and Mrs. Jones indicated that she had had difficulty with her since the patient was about nine years old. Mrs. Jones had certain rather rigid standards to which she expected her children to adhere. According to her lights, she was a good mother, insisting that her children attend school regularly, that they not go out on dates without her knowledge, that their friends be brought to the house, and that they be home before 11:00 P.M. Her other children had adhered to these standards without any resistance, but Helen had rebelled against them and had at the age of thirteen begun going out with boys, staying out quite late, et cetera. She did not like school, as she was somewhat backward there and was much larger and taller than her classmates. She insisted upon leaving, and after much discussion Mrs. Jones permitted this. In February 1944 Mrs. Jones procured a job for her which she kept for exactly one week. Soon after, Helen ran away from home and her mother had no idea of her whereabouts until this hospitalization.

It was the worker's impression that Mrs. Jones was quite unable to handle any of Helen's resistance to her authority or standards. Helen herself was a somewhat dull, sullen young girl who with great difficulty was finally able to establish some kind of relationship with the social worker. She presented a picture of fairly typical adolescent conflict—a strong wish to be free of her mother's supervision and yet quite a close dependency upon her. She felt, in comparison with her sisters, unloved and rejected by her mother. She had maintained herself very inadequately during her period away from home, living with various friends and working unsteadily. Although the case worker offered assistance to Helen in helping her work out some plans for living away from her mother, both the mother and Helen were insistent that she try to live

again at home. She was discharged to the custody of her mother, after having received intensive therapy for her syphilis. One week after her discharge we learned from her mother that she had again run away from home.

No word was heard from the patient until she was readmitted to the hospital with either a relapse or a reinfection of syphilis in January 1945. She had been living away from home, and the description of her life in the past six months was most sordid. During this hospitalization she indicated somewhat more of a desire to work out a stable plan for the future. She felt she could not work out an adjustment alone and was sure that she did not want to return to her mother. She knew that she did poorly while living in an unsupervised setting and was able to accept the social worker's suggestion that she live for a while in a place where she could receive guidance about her job, her friends, et cetera.

Her problem was discussed with a Home interested in this type of situation, and they were willing to accept her for admission. They planned to have her remain there for at least a month, helping her find a suitable job and working with her other difficulties. She was discharged directly from the hospital to the Home, and they have assumed responsibility for planning with this girl. Mrs. Jones refused to come and visit her daughter at the hospital and indicated that she wished to have no part in planning for her.

There is not space in this paper to go into the broad range of problems that are being treated in rapid therapy centers today, but we might mention a few of the more common ones:

The transient, who is admitted for rapid therapy after being in the city for only a few days or weeks and who has no plans to carry out after discharge;

The veteran, who has been discharged from the army with a diagnosis of psychoneurosis and who feels more insecure and less able to adjust to life than before he was inducted;

The man or woman, whose marital or emotional problems are the real difficulty; and the large group of unmarried mothers, who need guidance and supportive treatment. During the war, the number of illegitimate births has increased considerably. These girls are in their teens or early twenties and oftentimes they come to the clinic not knowing that they are pregnant or that they have syphilis. The man is in the armed forces and, although he may intend to marry the girl on his return, circumstances prevent him from doing it at present. Many of these girls are apprehensive about the baby being born illegitimately, and probably in normal times would never have gotten into this kind of a situation. The medical social worker can be of real help with this type of case by giving guidance to proper resources and in encouragement to continue with the treatment, so that the mother's and baby's health are safeguarded. She can also help ease the emotional strain by the interest, support and encouragement given during this crucial interval in their lives.

The following summary of a case history is a typical one that we are seeing in venereal disease clinics today, and it illustrates the important role that the medical social worker plays in the care of the patient:

This patient is a 21-year-old single Puerto Rican girl who came to this clinic because of persistent sore throat. Her blood tests proved to be positive and she was diagnosed as having secondary syphilis. It was also found that she was about four months pregnant and that she had had no previous prenatal care. She named the alleged father as the source of her infection. He is in the Merchant Marine but was expected back any day, at which time they planned marriage. The social worker helped the patient to understand the importance of anti-luetic treatment, so that the child would be born free of the disease. The worker also emphasized the importance of prenatal care, so that she registered at the ante-partum clinic of a city hospital where patient was later confined.

The social worker helped the patient to obtain a health certificate for marriage to avoid the baby's illegitimacy. This plan, however, could not be completed because the patient's prospective husband was shipped out again on a series of trips without landing in the United States. The patient was having difficulties with her father and stepmother at this time. Although they eventually accepted the illegitimate pregnancy, they refused to accept any financial responsibility. The patient, therefore, moved in with her prospective in-laws, who seemed to accept the patient as part of the family. She showed a tremendous amount of anxiety during her pregnancy because of its illegitimate nature. Gradually this was eased by the alleged father's willingness to marry her, as indicated by his letter, the acceptance of her intended in-laws and the support and encouragement of social worker. Some of her guilt was dissolved by projecting her single status on the war situation which prevented marriage before the baby's birth. They still plan marriage as soon as he returns to New York. Both patient's and baby's tests are negative now, although both are still being followed by the clinic. The baby's blood is normal, due to the fact that anti-luetic treatment was begun in the early months of pregnancy.

Many specific services are rendered by medical social workers in a rapid therapy center. A patient may come to the clinic for an examination, and if he is found to be infectious is immediately admitted to the hospital for therapy. Occasionally, a husband and wife are brought in at the same time. This means that the home is disrupted and that plans have to be made at once, so that the family may be cared for during the next ten days. It may mean notifying an employer, placing children in a temporary shelter, or contacting a community agency. When one thinks about the number of patients admitted to our large rapid therapy centers in a day, it is easy to understand how this runs into a volume of work and takes a tremendous amount of time on the part of the social worker.

In New York City today we have medical social workers functioning in hospitals in different ways, according to the policy of the hospital where they are employed. In a few hospitals they are doing case work on a more or less selective basis. In the greater majority they are responsible for follow-up, case-holding and contact-tracing, and case work when they have the opportunity. We are not minimizing the importance of follow-up, and know that very little can be accomplished unless patients continue to return for treatments. However, to talk about follow-up without first talking about case work is like putting the cart before the horse. We believe that if medical social workers had the time in the beginning to know the patient, to establish a relationship and work with him toward a satisfactory adjustment, follow-up would be relatively easy. The literature of medical social work bears this out in every

specialized field such as cardiac, tuberculosis, diabetes, poliomyelitis, and other diseases.

With the number of patients in venereal disease clinics increasing, the social worker is asking herself in what area she can render the greatest service to the patient. She is equipped by her training and experience to deal with the personal problems of an individual, but she cannot do this well if she assumes too many other responsibilities. Hence, the necessity for agreement with the medical staffs, administrators and social hygiene groups that case work is an essential tool in the treatment of syphilis. This may mean an additional medical case work staff, an expansion the community should meet if rehabilitation of these patients is to be on a constructive basis.

It is our hope for the future that in all rapid therapy centers and venereal disease clinics there will be adequacy in the quantity and quality of case work and that it will be integrated with the medical, nursing, public health and educational services that are now being rendered to the patient.

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THE MENTAL ABILITY AND EDUCATIONAL ATTAINMENT OF FIVE HUNDRED VENEREALLY INFECTED FEMALES

A PSYCHOLOGICAL STUDY OF SEXUAL PROMISCUITY AND VENEREAL DISEASE

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AND

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The United States Public Health Service is engaged in a campaign directed toward the eradication of venereal disease, and to that end has established intensive treatment centers throughout the country wherein the most modern methods for combating syphilis, gonorrhea and the other venereal diseases are employed.

Recognizing the social implications of venereal disease, a demonstration project in social psychiatry and vocational guidance was set up as part of the general program at one of these centers—the Midwestern Medical Center in St. Louis, Missouri. The writers of this article were engaged in this project as psychologist and psychiatrist respectively. Three other professional persons completed the social-psychiatric staff: two psychiatric social workers and a psychological assistant. This paper summarizes the first phase of the research done in connection with the program. It is concerned with the mental and educational development of 500 venereally infected females who were admitted and treated at the hospital during the six-month period of February to August, 1944.

The subjects of this investigation were limited to patients who had been apprehended by community health authorities and directed to the Midwestern Medical Center for venereal disease treatment. No voluntary patients were included in the study. In general the subjects were products of urban homes in the States of Missouri, Illinois, Arkansas, Mississippi, Kentucky and Tennessee. Missouri, due no doubt to the location of the center, contributed the great majority of 461 patients. Of this group, 282 came from St. Louis alone. Less than one-quarter of the total group, 209 patients, came from rural areas of Missouri and the other states.

Of the group at large, about 66 per cent were treated for gonorrhea, 21 per cent for syphilis and 12 per cent for both diseases; less than 1 per cent for chancroid and the other venereal diseases. Of the syphilis cases, fewer than two per cent were diagnosed as central nervous system syphilis or as congenital in origin.

The cases included in the study were selected in the order of their admission to the Center. In all, the group was comprised of 340 white cases and 160 Negroes, ranging in age from 12 to 47

years, with the median level falling at 20 years and 8 months. The median age for the white cases alone, 20 years and 10 months, was found to be 4 months greater than that of the colored girls.

In the process of selecting the cases for study, those persons who were unable to read and understand the sample questions of the intelligence test employed—The Otis Quick Scoring Mental Ability Test Series, Beta Test, Forms A and B—were eliminated in order that the results would not be clouded by illiteracy.*

THE DATA

The intelligence of the patients was determined by the Beta Test, Forms A and B, of the Otis series (for grades 4 to 9) to reduce the likelihood of reading difficulties that a more advanced form of the test might cause. Furthermore, preliminary study revealed that the majority of the group fell between the fourth and ninth grades limits in their educational achievement. That this decision was sound is seen in the fact that none of the group "cracked" the test and only one of the subjects was able to approach that point.

THE FINDINGS

The mental ability of both the white and Negro patients was found to be well below normal. The median intelligence quotient for the 340 white cases was found to be 84, whereas the 160 Negro girls showed a median I.Q. just below 70.

The distribution in the range of the intelligence quotients, which ran from 44 to 123, revealed a marked weighting of scores at the lower end of the distribution. Of the group as a whole, 163 of the 500 cases, or 32.6 per cent, produced intelligence quotients below 70—the upper level of the mentally defective range. In terms of the white and Negro groups considered apart, it was found that approximately 24 per cent of the former group and 51 per cent of the latter showed defective intelligence.

With respect to the cases with intelligence quotients above 100, only 63 of the 500 cases, or 12.6 per cent, reached or exceeded that level. This group was comprised of 56 white and 7 of the colored cases. In other words, approximately 16 per cent of the white girls and 4 per cent of the Negroes reached or exceeded the midpoint of the normal mental ability range.

With respect to their school achievement, it was found that retardation again was commonly characteristic.

The group as a whole showed a thirteen-month school retardation—having attended a median period of 9 years, 5 months and completing a median grade level of 8 years and 4 months. In terms

* Twenty-two cases were eliminated from the final group studied because of their lack of reading ability. Interview and performance testing subsequently indicated that these cases were generally lower in mental ability and showed generally poorer adjustment tendencies than the cases included in the study.

of the individual groups, the white cases showed medians of 9 years and 4 months in school with 8 years, 5 months educational achievement—a retardation of eleven months. The Negro patients showed retardation of 17 months, having spent a median period of 9 years and 8 months in school and completing a median grade level of 8 years and 3 months.

A further check on the educational progress of the group as a whole indicated that only 37 patients of the 500 studied, or 7.4 per cent, showed histories of accelerated schooling, whereas 218, or 43.6 per cent, manifested retardation. The breakdown in terms of the respective groups showed that 25 white cases, 7.4 per cent, were accelerated in school, whereas 132, or 38.8 per cent, were retarded. The Negro group included 12 cases, 7.5 per cent, who were accelerated, and 86, or 53.8 per cent, who were educationally backward.

CONCLUSIONS

On the basis of the findings it is evident that:

1. Mental and educational retardation are commonly characteristic of the 500 venereally diseased females studied.

2. A large percentage of the group, on the basis of the test results, show intelligence levels low enough to warrant protective institutional care.

RECOMMENDATIONS

In view of the above findings it is obvious that those whose job it is to treat and cure venereally infected cases such as those described above, must recognize the mental limitations of the patients. The usual difficulties encountered with them, such as missed treatments, failure to report for follow-up, etcetera, are unquestionably due, for the most part, to their lack of recognition of the dangers concerned with venereal disease to the individual and to society in general.

Much has been said about expanding sex education programs to aid in the fight against venereal disease. Such a step would, of course, be most desirable. It would be well, however, for the health educators to develop considerably more materials including posters, books and pamphlets, than are currently available, for individuals of low intelligence. Unquestionably, it is this group that needs the education most.

Finally, what would appear to be one of the most fruitful steps against venereal disease would be the incarceration of the mentally defective, chronic sex offenders. It is unlikely that education, or any other approach, will temper the sexual drive of these individuals or prepare them to recognize the consequences of promiscuity; hence, their removal from social circulation would seem to be the most adequate solution to the problems that they present.

Note: Appreciation is expressed to Virginia S. Lenobel, psychological assistant, for her cooperation in the mental testing of the patients.

SOCIAL PROTECTION—A SUMMING UP

As this number of the JOURNAL goes to press, the United States Congress is considering whether or not the Federal government shall continue to provide funds for maintenance of the personnel and services of the Social Protection Division of the Federal Security Agency for the fiscal year beginning July 1.¹ The American Social Hygiene Association, the state and community social hygiene societies, and the other agencies, official and voluntary, which are cooperating in the social hygiene campaign are concerned over the possibility of losing the Division from the team which has been winning steadily through the war years against the formidable opponents—venereal diseases and commercialized prostitution—and which is so greatly needed in the current lineup and for postwar planning. The question naturally arises “What has the Social Protection Division accomplished in its four years history?” For the record, and for the information of those not already acquainted with the Division’s activities, the JOURNAL sets down here some facts about the origin, assignments and methods of this agency, and the results secured, as estimated by the national association:

The Social Protection Division was established in March 1941 under the Office of Defense Health and Welfare Services, now known as the Office of Community War Services, under the Federal Security

¹ The Budget Bureau recommended and President Roosevelt approved for presentation to the Congress in January, 1945, \$450,000 for the Social Protection Division for the fiscal year 1945-46, as part of a total budget for Community War Services (\$900,000) for the same period. The House of Representatives Committee on Appropriations reported H.R. 3199 to the House as a whole with this amount deleted, and with the following comment: “The committee recommends that this activity be discontinued at the close of the present fiscal year. This agency of Government has served a useful purpose during the past few years in localities where the war has created dislocations in family and community life, and where facilities and services were inadequate for community needs. It has promoted, organized, and in many cases supervised recreational services and facilities in many war-burdened communities; it has actively cooperated in programs of social protection and has shown interest generally in all problems affecting community welfare. While appreciative of all such activities, the committee feels that the leadership that has been developed in these many communities should now be able and encouraged to take over the problems of community welfare and continue such programs as are necessary.” The House of Representatives voted to approve the Committee’s report on May 14th. The bill H.R. 3199 is now before the Senate Committee on Appropriations (Sub-committee on Labor-Federal Security) and hearings are in process, with numerous recommendations for continuance of the Social Protection appropriation in the hands of the sub-committee chairman, Senator Pat McCarran of Nevada.

Agency.² The Division was set up at the request of numerous agencies and individuals, including the American Social Hygiene Association.

Purpose

To be responsible for implementing *Point 6* of the *Eight Point Agreement of 1940* "on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated."³ *Point 6* established an official Federal and State policy for prostitution repression as a measure necessary to effective venereal disease control, and reads as follows:

"Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Departments, the U. S. Public Health Service, the Army and the Navy will cooperate with the local police authorities in repressing prostitution."

Assignments

1. To further the repression of commercialized prostitution, destroyer of welfare and morals and spreader of venereal diseases.
2. To promote community action for wholesome conditions and public protection, particularly of boys and girls and of young men and women, from the moral and health hazards of prostitution, sex delinquency and the venereal diseases.
3. To promote community efforts for aid and guidance to a better way of life, so far as possible, for persons—particularly women and girls—who become involved in sex offenses.
4. To work closely with all agencies concerned with these problems.⁴

Methods

1. Work with such national agencies and groups—and their state and local branches—as:

National Venereal Disease Committee
 International Association of Chiefs of Police
 National Advisory Police Committee on Social Protection
 (Membership includes 50 outstanding law enforcement officials and experts on health and law enforcement)

² On April 29, 1943, President Roosevelt issued an Executive Order terminating the emergency Office of Defense Health and Welfare Services and setting up in its place the Office of Community War Services, under the Federal Security Agency, parent organization of the United States Public Health Service, the United States Office of Education and other programs for public benefit.

³ An Agreement by the War and Navy Departments, the Federal Security Agency and State Health Departments on Measures for the Control of the Venereal Diseases in Areas where Armed Forces or National Defense Employees Are Concentrated. Point 8 of the Agreement states the desire of the cooperating agencies for "the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

The Agreement was adopted by the Conference of State and Territorial Health Officers at their meeting in Washington, May 7-13-1940, and was endorsed by the Army Medical Corps as AG334.8; by the Navy Bureau of Medicine and Surgery P3-2/ET12 (021); and the Public Health Service M-A-M.

⁴ See *Relationships in Venereal Disease Control of the Army and Navy, the U. S. Public Health Service, the Office of Defense Health and Welfare Services and the American Social Hygiene Association*. JOURNAL OF SOCIAL HYGIENE, February, 1943, reprinted as ASHA Pub. No. A-499x.

National Women's Advisory Committee on Social Protection
(Includes representatives of 30 national women's voluntary organizations, whose combined memberships total 28 million women)

National Sheriff's Association
(The national organization for the country's 3,000 sheriffs)

American Bar Association's Committee on the Courts and Wartime Social Protection

American Legion's National Law and Order Committee
National Association of Taxicab Owners
American Hotel Association
National Brewery Foundation
National Probation Association
American Public Welfare Association
Council of State Governments

and many others,⁵ including as indicated, the social hygiene agencies.

2. Cooperation, through the headquarters staff in Washington and field representatives assigned to twelve regional offices of the Social Security Board, with state and community agencies and organizations in all parts of the country, and with representatives of the other national official and voluntary agencies participating in the campaign.

Over 200 community committees on social protection are among these groups.

Results

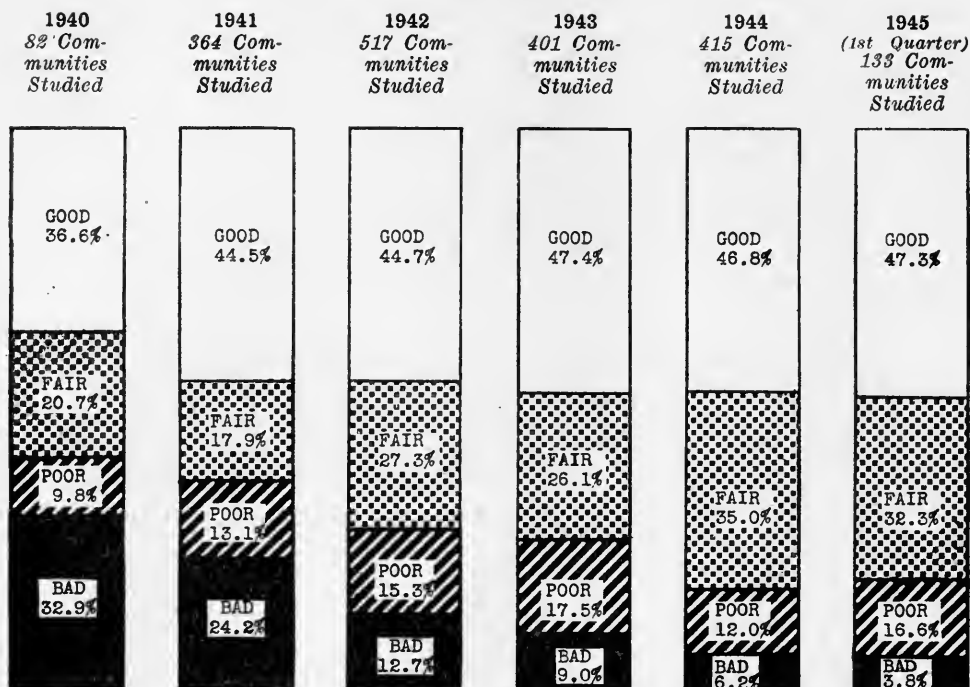
1. In over 700 communities near military areas where commercialized prostitution promoters had tried to open "red-light districts" or establish their "racket" by other means, law enforcement officials have cracked down on this evil since 1940.

2. Confidential studies made by the American Social Hygiene Association show a steadily declining number of communities in which commercialized prostitution conditions are "bad." (See chart, p. 306.)

⁵ In cooperation with these groups, a number of manuals and pamphlet publications have been developed for the interest and guidance of those working in the social protection field. Included are: *Techniques of Law Enforcement Against Prostitution* (for guidance of enforcement officers in proceeding against prostitutes and procurers); *Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Delinquency* (for guidance of enforcement officers in dealing with juvenile offenders and establishing a delinquency prevention bureau within the law enforcement agency); *Venereal Diseases, Prostitution and the War* (a legislative program assembled by the American Bar Association's Committee on the Courts and Wartime Social Protection); *To Maintain Law and Order* (American Legion National Law and Order Committee); *Meet Your Enemy—VD* (for women's groups); *Code of Ethics* (National Association of Taxicab Owners and Cab Research Bureau); *She Looked Clean—But . . .* (for taxicab drivers, hotel and tavern operators); *Prostitution and the War* (for the public); *What About Girls?* (for young men) (Public Affairs Committee); *Danger Ahead* (a folder on postwar problems); *A Challenge to Community Action*; *Standards of Detention for Adults and Juveniles* (for enforcement officials); *A Manual for Policewomen with Special Reference to Protective Services*. See also various issues of the JOURNAL OF SOCIAL HYGIENE, *Federal Probation Quarterly* and other periodicals.

PROGRESS IN THE REPRESSION OF COMMERCIALIZED PROSTITUTION

An analysis of a series of 1,912 studies made by the American Social Hygiene Association, January 1, 1940 to March 31, 1945, in communities near which members of the armed forces are stationed.



GOOD

1. No brothels or houses of prostitution with resident prostitutes found in the community;
2. No solicitation of customers by prostitutes on the streets or in other places frequented by the public;
3. No "facilitation" by bellboys, bartenders, taxicab drivers or other "go-betweens" to bring customers and prostitutes together; and
4. No acquiescence by hotels, taverns, roadhouses, rooming houses or other places in clandestine operations of prostitutes on their premises.



FAIR

Good conditions with regard to points 1, 2 and 3 above, but not with regard to point 4.



POOR

Good conditions with regard to point 1 above, but not with regard to points 2, 3 and 4.



BAD

Bad conditions with regard to all four points.

NOTE: These studies were made primarily in connection with the developing wartime program of military training. The percentages are not intended to show accurate comparisons from year to year. It should be noted, however, that since 1940 some 715 cities

3. A new consciousness is awakening among the people regarding community responsibility for clean environment in which youth may grow up. In more communities than ever before definite efforts are being made to steer young people in the right direction.

4. Many communities are making new efforts to provide improved facilities for social care and redirection of persons—especially women and girls—who become involved in sex promiscuity or prostitution.

All of these progressive developments have definitely helped to make possible in Army and Navy during the critical wartime years “the lowest venereal disease rate in wartime history” as well as contributing to permanent advances in the Nation’s health and welfare.⁶

The Division is asking for the sum of approximately \$450,000 for the fiscal year beginning July 1. This request is supported, the Association learns, by statements and testimony of numerous voluntary groups and individuals, in addition to that of representatives of Army, Navy, Public Health Service and other federal witnesses called by the Senate Committee on Appropriations. It is hoped that the campaign against the venereal diseases and prostitution may be continued with the lineup unbroken, both at the national level and in the states and communities.

⁶ See *Hearings before the Subcommittee of the Committee on Appropriations House of Representatives, Seventy-ninth Congress, First Session, Part 2, Federal Security Agency Appropriation Bill for 1946. Pages 582-90 et seq.*

have closed their “red-light districts”; and that public opinion and action in support of the policy of repression of prostitution have grown steadily in this period. It is also significant that during this time the Army and Navy have recorded “the lowest venereal disease rates in wartime history.”

Federal Security Administrator Paul V. McNutt recently said: “In 1918, after World War I, a general relaxing of measures to curtail venereal diseases followed the Armistice—and the rate of infection reached epidemic proportions. We must not let this history repeat itself. A similar upswing is already beginning. The armed forces report increasing infections. These are indications that operators are already reopening houses of prostitution. Conscientious police officers are frankly worried. This is not time to relax efforts for community protection. Public and private organizations—Federal, State and local—must hold the line.”

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Child Health Day Stresses Birth Registration.—May 1, 1945 was the official observance of Child Health Day in the United States, making the seventeenth such annual observance since Congress authorized the annual proclamation by joint resolution of May 18, 1928. Governors and mayors of several states and cities also issued proclamations, and celebrations over the country included meetings, broadcasts, newspaper publicity and special programs. The Presidential proclamation, one of the last documents to bear President Roosevelt's signature, stressed the importance of birth registration, as given below:

A PROCLAMATION

WHEREAS, the health and vigor of the Nation's citizens are not only essentials in the achievement of peace but also goals for the fullest enjoyment and perpetuation of peace; and

WHEREAS, it has been demonstrated that many physical defects which handicap large numbers of adult citizens are evident during childhood, and could be prevented or corrected with proper care at that time; and

WHEREAS, good community planning for the health and care of our children starts with the registration at birth of all babies; and

WHEREAS, each year the births of tens of thousands of our babies are not officially registered; and

WHEREAS, the Congress by joint resolution of May 18, 1928 (45 Stat. 617) authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day:

Now, THEREFORE, I, FRANKLIN D. ROOSEVELT, President of the United States of America, do hereby designate the first day of May of this year as Child Health Day.

And I call upon the people in each community to use that day as an occasion to impress upon parents the importance of registering the birth of every baby born in the United States; and I further urge our citizens to mobilize community resources for the better care of our children so that the growing generation will be strong to mold the peace.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the United States of America to be affixed.

(SEAL) Done at the City of Washington this seventh day of April in the year of our Lord nineteen hundred and forty-five and of the Independence of the United States of America the one hundred and sixty-ninth.

FRANKLIN D. ROOSEVELT

By the President:

E. R. STETTINIUS, JR.,
Secretary of State.

General Federation of Women's Clubs Launches Youth Conservation Program.—Mrs. LaFell Dickinson, President of the General Federation of Women's Clubs, announces in the April number of the *Clubwoman* that after a year of careful planning, the Federation's Youth Conservation program, aimed "to appeal to every woman in

every town in these United States and inspire her to take on her responsibility to her own community," is under way. The Youth Conservation Committee, under the chairmanship of Judge Anna M. Kross of New York, has set up a Planning Board of outstanding educators and other youth experts to help in evaluating the program and to prepare general plans.

First step in the Committee's activities was the holding of consultative conferences with official and voluntary agencies which have programs in the youth conservation field. One such meeting was held with representatives of government bureaus in Washington. The second included representatives of 16 national women's organizations, and out of it grew the idea of a National Youth Conservation Clearing House. This group continues to meet monthly. National youth-serving agencies were also called into conference for advice. Further meetings of all these elements will continue. Interest and participation of pertinent research groups—government and private—will also be sought.

Of major importance as part of the program will be the work of the Community Service Department, which will seek means of utilizing on the broadest possible scale the ideas and programs recommended by the Planning Board; and will aid in the formation of appropriate committees on state and community levels.

The Committee has offices in the Russell Sage Building, 130 East 22nd Street, New York 10; and has retained the services of Leonard V. Finder of New York to advise on public relations. Margaret Mead, Executive Secretary of the Committee on Food Habits, National Research Council, is serving in the capacity of advisor to the Committee chairman. Members of the Steering Committee, which did the initial planning, are Mrs. Dickinson, Mrs. J. L. Blair Buck, first vice-president, GFWC, and Mrs. Patrick Henry Adams, GFWC War Service Chairman. The Planning Board comprises Eduard C. Lindeman, Professor of Social Philosophy, New York School of Social Work; William G. Carr, Associate Secretary, National Education Association; Leonard Mayo, Department of Applied Social Sciences, Western Reserve University; Dr. John A. P. Millet, Chairman, Emergency Committee of Neuropsychiatric Societies; Dr. George S. Stevenson, Director, National Committee for Mental Hygiene; Homer P. Rainey, former President, University of Texas; Jay B. Nash, Professor of Education, New York University; Alice V. Keliher, Associate Professor of Education, New York University.

Women's Advisory Committee on Social Protection Meets.—The National Women's Advisory Committee on Social Protection, organized in June, 1943, to advise with the Social Protection Division, Office of Community War Services, Federal Security Agency, held its Spring meeting in Washington on April 12. An all-day program was arranged, including the following topics and speakers, with Mrs. Horace B. Ritchie, of Athens, Georgia, as chairman:

Social Implications of Prostitution Repression and VD Control, Dr. John H. Stokes, Director, Institute for the Control of Syphilis, University of Pennsylvania; *The Role of the Policewoman in Social Protection*, Mrs. Imra Wann Buwalda, Consultant, American Law Institute on Youth Authority Act; *A New Approach to an Old Problem*, Mazie F. Rappaport, Chief, Protective Service, Baltimore Department of Public Welfare; *Community Action in Social Protection*, Thomas Devine, Director, Social Protection Division.

Watson B. Miller, Assistant Administrator, Federal Security Agency, Mary E. Switzer, Assistant to the Administrator, and Mark A. McCloskey, Director, Community War Services, also spoke briefly.

General discussion followed, the Committee voting to continue to encourage and support united community action against the problems of promiscuity, prostitution and venereal diseases, and particularly stressing efforts of home, school, church and other character-building agencies to promote strong family life in the community.

Members of the Committee attending included: Mrs. DeForest Van Slyck, member at large; Mrs. Harriet A. Houdlette, American Association of University Women; Dr. Caroline Ware, American Association of University Women; Miss Jean B. Pinney, American Social Hygiene Association; Mrs. Roy C. F. Weagley, Associated Women of American Farm Bureau; Mrs. Norma Wulff, Cleveland School Board; Mrs. Horace B. Ritchie, General Federation of Women's Clubs; Miss Florence Taafe, Joint Army and Navy Committee on Welfare and Recreation; Mrs. C. P. Henry, National Congress of Colored Parents and Teachers; Dr. Mabel Leshner, National Congress of Parents and Teachers; Miss Marion H. Britt, National Federation of Business and Professional Women's Clubs; Mrs. Lawrence Smith, American Legion Auxiliary; Dr. Helen Gladys Kain, American Medical Women's Association; Miss Elizabeth Godwin, Bureau of Public Assistance, Social Security Board; Miss Eleanor Fowler, Congress of Women's Auxiliaries of CIO; Mrs. Herman H. Lowe, Women's Auxiliary, AFL; Mrs. George E. Pariseau, Girls' Friendly Society of the USA; Mrs. Tirzah Anderson, National Board of the YWCA; Mrs. Gerson B. Levi, National Council of Jewish Women; Mrs. Frederic R. Scott, National Board of the YWCA; Miss Ruth Houlton, National Nursing Council for War Services; Miss Mildred Bracey, National Travelers Aid Association; Miss Louisa Eskridge, Nursing Division, U.S.P.H.S.; Mrs. Leslie Allan Falk, United Council of Church Women; Miss Helen Griswold, National Association of Deans of Women; Miss Ruth Houlton, National Nursing Council of War Services; Mrs. Josephine P. Prescott, Zonta International; Mrs. Mary M. Bethune, National Council of Negro Women; Mrs. J. Austin Stone, National Women's Trade Union League of America; Miss Alice Scott Nutt, U. S. Children's Bureau; Mrs. Pearl Case Blough, USO Service for Women and Girls; Dr. Elise Martens, U. S. Office of Education; Miss Lilia Massey, American Home Economics Association; Mrs. Hugo Dalsheimer, National Jewish Welfare Board; Captain Rhoda J. Milliken, Metropolitan Police Department, District of Columbia; Mrs. Marjorie Bell, National Probation Association; Miss Elizabeth Wickenden, American Public Welfare Association; Miss Cecil Lester Jones, Association of Junior Leagues; Miss Cora Rowzee, Family Welfare Association of America; Miss Gwendolen Schneidler, Veterans' Administration.

American Association of Schools of Social Work Appoints Educational Consultant.—Miss Leona Massoth, Secretary of the AASSW, announces the appointment of Miss Mary Sydney Branch as Consultant on Preprofessional Education, as of April 1.

She is consulting with undergraduate colleges on what part they can best play in the total program of professional education; what the general content of the undergraduate course should be; what aspect of field work experience should be provided, if any; and what provisions for accrediting and for continuing field service might be developed.

Miss Branch brings to her new position a knowledge both of professional and preprofessional social work education. She is a graduate of Western College, has her Master's degree in Economics from the University of Chicago, and has studied social service in the University of Cincinnati and the University of Chicago. Miss Branch has taught Economics and Sociology at Western College and at Wellesley College. In the School of Social Service Administration of the University of Chicago her teaching program as Assistant Professor of Social Work includes three of the social service courses offered to preprofessional students. She has been given six months' leave to assist the AASSW.

Any schools or organizations in the field of social work wishing advice on matters related to preprofessional social work education are invited to write to Miss Branch in care of the American Association of Schools of Social Work, 1313 East 60th Street, Chicago 37, Illinois.

Office of Inter-American Affairs Has New Head.—Wallace Harrison of Huntington, N. Y., was named chief of the Office of Inter-American Affairs by President Roosevelt on March 24th. He succeeds Nelson Rockefeller, who is now Assistant Secretary of State for American Republic Affairs. Mr. Harrison has been acting chief of the OIAA since Mr. Rockefeller left the post some months ago to take up the State Department assignment.

The appointment was made by Executive order, which also included the statement that the name of the organization is changed from the "Office of the Coordinator of Inter-American Affairs" to the "Office of Inter-American Affairs." Provision has been made in the Federal budget for continuation of the OIAA for the next fiscal year, beginning July 1.

State and Provincial Health Authorities Meet.—U. S. State and Territorial and Canadian health authorities met in a series of meetings in Washington, D. C., during the second week in April, to consult with the U. S. Public Health Service and the U. S. Children's Bureau, and with each other on problems of mutual concern. The annual meetings of the Association of State Health Officers and of the Conference of State and Provincial Health Authorities of North America were held during the period, with committees of the former holding sessions with Federal agencies. The state and territorial health officers elected Dr. I. C. Riggin of Virginia president, Dr. F. C. Beelman of Kansas vice-president, and Dr. V. A. Gettings of Massachusetts secretary-treasurer. The state and provincial health officers retained Dr. Edward S. Godfrey of New York as president and Dr. Jean Gregoire of the Province of Quebec as vice-president, while former assistant secretary Dr. Stanley H. Osborn of Connecticut was elected to succeed Dr. Albert J. Chesley of Minnesota as secretary-treasurer.

Important decisions regarding future VD control which were made on recommendation of the VD Control Committee of the State and Territorial Health Officer, as reported in *VD War Letter*, included:

Armed service contact reports—It was recommended that VD contact reports from the Armed Services be sent in duplicate to State health officers, except in those large counties or cities where it may be agreed by the Service Command and the State health officer concerned that follow-up will be expedited by sending one report direct to local health departments.

Private physicians—The Health Officers recommended intensification of efforts to obtain increased cooperation of physicians in private practice in the reporting of VD cases and in obtaining contact information. It was recommended that private physicians be paid for making diagnoses and referring appropriate cases of infectious VD, probably responsive to intensive therapy, to RTC's, where suitable public health diagnostic facilities are not available. It was recommended that further educational efforts be employed, including personal interviews and

correspondence, to inform physicians of their importance in the venereal disease control program.

Penicillin—It was recommended that penicillin be provided to physicians for the treatment of gonorrhea only, and that it be provided on the same basis as other drugs are provided for the treatment of gonorrhea.

Training VD investigators—The committee approved a proposal that the U. S. Public Health Service sponsor a three- to nine-month formal training course of VD investigators, both men and women, in one or more colleges, and expressed the belief that such trained personnel would be given consideration for subsequent employment on State pay rolls as VD investigators if they met State merit system requirements.

RTC's and bed rentals—The committee recommended that the USPHS make available funds for the rental of beds in hospitals for the treatment of VD responsive to intensive therapy when such in-patient care is more satisfactory to the health department than the establishment of a RTC. It was recommended that the PHS provide the funds for the continuance of the RTC program under a project grant plan rather than under the formula used for allocation of regular VD control funds.

Clinics—Because RTC's can give complete treatment within a short period of time, especially to primary and secondary cases of syphilis, it was recommended that clinics should be converted largely from treatment facilities to centers for interviewing, case-finding, diagnosis and referral.

30-40 limit—It was recommended that clinic treatment of latent cases of syphilis should be terminated when 30 arsenical and 40 bismuth injections have been administered.

Clinic cost analysis—The committee voted approval of a plan whereby the USPHS will obtain, through simplified cost analysis forms, data necessary for uniform analysis of current clinic operation, so that new clinic functions can be adjusted effectively. State health officers will be assisted in obtaining the data by PHS District Office personnel; PHS will provide necessary forms and instructions.

New clinic report—It was recommended that the monthly clinic report be amended to include data regarding diagnostic and referral activity.

May Act—The committee approved an amendment to or extension of the May Act, being considered by Congressman May, whereby the provisions of the Act would be extended until the war is over or until large bodies of troops are no longer maintained in the United States, or until the President proclaims the termination of the military necessities that require the operation of the Act, which originally was scheduled to expire May 15, 1945.

U. S. Supreme Court Rules That Mann Act Applies in District of Columbia.—On February 26, 1945, the Supreme Court of the United States, by a vote of 6 to 2, ruled that the Mann Act (18 U.S.C., Secs. 397, 398, and 399) applies in cases involving transportation of females *within* the boundaries of the District of Columbia for the purpose of prostitution. This reversed the decision of July 24, 1944, of the U. S. Courts of Appeals for the District of Columbia, in the same case, which was originally tried before the District Court of the United States for the District of Columbia. The defendant, Carmen Beach, at the conclusion of the original trial was convicted of violation of the Mann Act, was fined \$2,500 and sentenced to from one to three years imprisonment. The evidence disclosed that the defendant, operator of a house of prostitution in the City of Washington, on the day of arrest paid the taxicab fare of an

inmate of the house, while taking her to a nearby hotel for prostitution purposes. The ASHA Division of Legal and Protective Services says concerning this decision:

The Supreme Court decision in this case is especially important because it reaffirms and upholds the intention of Congress when passing the Mann Act that it should deal with local activity involving transportation of women for prostitution purposes within the Territories or the District of Columbia, as well as between these governmental units and the states bordering them, and regardless of the fact that certain prostitution activities may be also punishable under local District or territorial laws. In supporting this view, the Supreme Court said:

"Congress, in enacting the Mann Act, made it perfectly plain by its Committee Reports on the proposed legislation that it was intended to apply to transportation taking place wholly within the District of Columbia." Study of the statute, and of the debates in Congress at the time the Mann Act was under consideration in 1910 (44 Cong. Rec. 1040 and 3138) shows plainly that the provisions of the Act apply to traffic in women within any territory of the United States and within the District of Columbia.

Since the question as to whether the Mann Act covers only transportation for compulsory prostitution (white slave traffic) was not before the Court in this case, the broader interpretation of the Act by previous decisions, which approved convictions in cases where the woman transported went voluntarily, or where transportation of a female was for any other immoral purpose, still stands. (Caminetti case, 242 U. S. 470.)

The Supreme Court decision has already proved a powerful weapon in Puerto Rico in the fight against activities of exploiters of women for prostitution. Jorge Izizarry, owner of a house of prostitution on the Island, was indicted and convicted for transporting a woman for immoral purposes from one Puerto Rican premise to another. On the basis of the July 24, 1944 decision of the U. S. Court of Appeals for the District of Columbia, defendant Izizarry appealed to the Federal Court in Boston, which is the Appeals Court for Puerto Rico. Law enforcement officials on the Island were hesitant to proceed against similar cases until a more favorable decision was handed down. In view of the present decision of the United States Supreme Court, reversing the District of Columbia case and holding that the Mann Act does apply to transportation *solely within* the territories and/or the District of Columbia, the Federal District Attorney in San Juan plans immediate intensive action against similar violations of law.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director Community Service, American Social Hygiene Association

Alabama: Tuskegee holds Social Hygiene Institute.—The mid-winter conference of the Negro Farm and Home Agents of the Agricultural Extension Service meeting at Tuskegee in January devoted one entire day of a busy program to a discussion of current social hygiene problems.

On this day a Social Hygiene Institute was held under the sponsorship of the Alabama Departments of Health and Education, in cooperation with the ASHA. Attendance included a number of teachers, nurses and ministers as well as 80 members of the Negro Extension Service staff. In addition to speakers from the Alabama official agencies and from the ASHA, Dr. John R. Heller, Jr., Chief of the Venereal Disease Control Division of the USPHS; Dr. Percy S. Pelouze, USPHS Consultant; Dr. F. D. Paterson, President of Tuskegee, and Nelson Jackson, Social Protection Representative, and James Faustina, USPHS, addressed the Institute. At the conclusion of the day's program, the Extension Service group named a committee to inaugurate a continuing program in cooperation with the official health agencies.

Arkansas: Negroes Organize Social Hygiene Education Committees and Hold Institute.—Thirteen local social hygiene committees were organized in various parts of the State during a series of visits made by ASHA educational field worker Charles O. Rogers, during the fall of 1944.

Communities where such committees were set up were; Blytheville, Camden, Crossett, Forrest City, Helena, Hot Springs, Little Rock, McGehee, Marianna, Marion, Monticello, Prescott, and Texarkana.* Each committee is composed of Negro leaders who plan to carry on an intensive educational program in their respective localities. County health units and the State Health Department will support these committees by giving advice and guidance to their programs and by furnishing literature, films, consultation and speakers when possible.

The Little Rock Committee was organized in time to participate in the Greater Little Rock VD Information Campaign sponsored by the Little Rock Chamber of Commerce in November and December of 1944. This committee, under the chairmanship of Dr. William Martin, principal of Dunbar High School, carried on a series of group meetings, gave several film showings—two of them in pool halls, distributed literature, and placed posters in many cafes, and other public places. An essay contest on social hygiene was sponsored in all the Negro colleges and high schools in the city.

An important event following the community visits was the two day Social Hygiene Institute held in Pine Bluff on December 14 and 15 at the Agricultural, Mechanical and Normal College, and sponsored by the Arkansas State Health Department and the ASHA, with the cooperation of the many other agencies,

* For Secretaries of these committees and addresses please see ASHA Pub. A-600. *State and Local Social Hygiene Societies.*

including the U. S. Agricultural Extension Service in Arkansas and the State Department of Education. Mrs. Eula Peebles of the faculty of A. M. and N. College was chairman of the committee of Negro leaders arranging the Institute, and over 100 persons representing agricultural, educational, medical, and religious agencies in the state joined in a discussion of the current social hygiene situation and venereal disease control. Speakers on a program which covered all phases of the social hygiene program, from the medical, legal, educational and welfare points of view, were: President Lawrence A. Davis, C. O. Rogers, Dr. Roscoe Lewis, Dr. Edgar J. Easley, Bascom Johnson, Roy M. Reid, M. B. Norton, John M. Ragland, Dr. C. F. Marden, Alonzo Pope and The Reverend Moses N. DeLaney.

The Institute adopted a resolution recommending the establishment of a State Social Hygiene Association.

Connecticut: State Department of Health Summarizes VD Program.

—In its January 1945 issue, the *Connecticut Health Bulletin* reports major activities of the State Department of Health. The activities and facilities of the Bureau of Venereal Diseases are stated as follows:

“Receives and tabulates reports of cases of syphilis, gonorrhea and chancroid.

“Studies and charts statistical data as to the conditions or changing conditions in which venereal diseases exist.

“Renders assistance as required by law to any community, when requested by the local health officers, to prevent spread of these diseases.

“Aids in establishing treatment facilities for adequate medical care of indigent cases of venereal diseases.

“Distributes sulfathiazole and penicillin for the treatment of indigent cases of gonorrhea and for primary and secondary cases of syphilis, in addition to routine distribution of arsenicals and bismuth.

“Aids clinics, treatment stations, dispensaries and cooperating institutions by furnishing several types of arsenicals and several preparations of bismuth for the treatment of indigent cases of syphilis.

“Follows up patients lapsing treatment, and sources of infection or contacts referred by clinics, dispensaries, treatment stations, cooperating institutions and physicians in private practice especially in communities where no follow-up worker is available.

“Carries on an educational service program through lectures, motion pictures, slides, distribution of leaflets and radio talks.

“Keeps in touch with private physicians and health officers in the state and informs them of available treatment facilities for indigents.

“Keeps in touch with all physicians to whom positive blood tests on marriage license cases have been reported; follows up on prenatal positive blood tests performed at Bureau of Laboratories. Collects statistical data on these and gives advice wherever necessary.

“Works in cooperation with court officials, state and local police, FBI and Social Protection Section of Connecticut War Council in their control of vice conditions as related to venereal diseases.

“Cooperates with the State Selective Service regarding all positive cases of syphilis uncovered in order to see that these men not taken into the service are reported as cases and treated, as necessary.

“Cooperates with various state and local organizations, such as parent-teacher associations and pharmaceutical associations, in their efforts to present to the public basic facts on these diseases.”

Massachusetts: Boston Establishes Recreation Commission.—The Boston City Council, under an act of the 1943 State Legislature, has created a Recreation Commission for the city. The mayor has appointed four members and the Park Commissioner has been made an ex officio member. The School Committee has named two of its members for Commission membership and the former Director of Recreation of the Park Commission has been appointed Superintendent of Recreation under the Commission.

Plans are being formulated to consolidate the school athletic department with that of the Park Department for the purpose of opening the school gymnasiums to the public. Improved operation of all recreational facilities, it is hoped, will bring about fuller use.

Youth Councils have been organized in three housing developments in Boston, with the encouragement of the Boston Housing Authority. Each council has elected representatives who meet with adult community committees in an effort to establish a better youth program of leisure-time activities. The chairman of the Boston Housing Authority has announced that government on the plan of Boys' Town will be set up in each housing development.

Missouri: Kansas City Social Hygiene Society Holds Open Meeting.—The Legal and Protective Section of the Kansas City Social Hygiene Society sponsored an evening meeting on April 11th at the Little Theater in that city. Lieutenant Colonel Hans Schaerrer of the Army Medical Corps opened the program with an address on the "Experience With Control of Venereal Disease in the Army and With Civilian Population." Following his address was a round table discussion of *The Relation of the Community's Legal and Social Protective Measures to the Military and Civil Population* in which took part, L. A. Purdome, Sheriff of Jackson County, Lt. Doral Dennison, Youth Bureau, City Police Department, Byron Mintonye, Assistant City Counsellor, Hayes A. Richardson, Director, City Welfare Department and Fred B. Mertsheimer, Attorney at law. Fred Mertsheimer is Chairman of the Legal and Protective Section of the Kansas City Society and Miss Tiera Farrow its Co-Chairman. Doctor Edward P. Heller, who presided at this meeting, is the Society's President.

Missouri: Social Hygiene Association Reports on Year's Activities.—The wide-scope Venereal Disease Control Educational Campaign inaugurated in St. Louis in the Autumn of 1943* was carried forward into 1944 with excellent progress says the Annual Report of the Missouri Social Hygiene Association. By May 1944, however, this broad program of mass education had been succeeded by the next step in the society's plan of action, i.e., the Area Project, in which a very intensive program was carried on in certain chosen sections of the city.

Other special activities of the Association during the year 1944 included:

* For an account of this campaign, see the December, 1943, JOURNAL OF SOCIAL HYGIENE.

Social Protection—A committee on Social Protection of Young Girls continued a demonstration which was begun in April, 1943, and originally set up for one year only. The period was extended because of the demand from interested citizens that it be continued long enough to give the City of St. Louis ample time to make provision for it in the City Health Division budget. The Missouri Social Hygiene Association paid for and distributed a report by Miss Helen D. Pigeon titled *Crime Prevention by the Police, an Evaluation of the Preventive and Protective Services of the St. Louis Police Department*. Copies were sent to each member of the Police Board, to the Chief of Police, and to Mayor Kauffman, accompanied by a letter setting forth eight recommendations from the Committee on Social Protection to the Police Board.

Negro Project—The first meeting of the Interracial Committee of the Missouri Social Hygiene Association was held in April for the purpose of promoting a program of cooperation with Negro groups in VD education. Mrs. Audia H. Roberts began work with the Association on May 1st. In October, seven new workers were employed, mostly on part time, to make house to house visits and distribute literature. A summary of the activities of the workers shows 115 talks, 22 film showings, with 4,184 attendance, 22,397 pieces of literature placed, 14,500 visits.

Social Hygiene Education in the Public Schools—Lectures to senior high school students were continued throughout the year, the Hygiene Department of the St. Louis Public Schools assuming the responsibility for providing about half the lectures from its staff.

The Missouri Social Hygiene Association is now working especially for the following features of its program for civilian VD control:

1. Addition to the Police Department of policewomen, adequately trained in social work to carry on protective, rather than detective functions in the community.
2. Provision by the city for three medical social service workers for the VD clinic.
3. Education and guidance for youth.
4. More and more elementary health education of the kind described under the "Area" and "Negro" projects.

New York: Welfare Council Names G. Howland Shaw to Head Committee on Delinquency.—The March 30th issue of New York City's welfare news weekly *Better Times*, announces the acceptance by G. Howland Shaw, former U. S. Assistant Secretary of State, of the Chairmanship of a Welfare Council committee to deal with the treatment and care of delinquent children and youthful offenders.

Persons agreeing to serve with Mr. Shaw on this committee include:

Mrs. Dorothy Bellanca, vice-president of the Amalgamated Clothing Workers of America; Mrs. Sidney C. Borg, president of the Jewish Board of Guardians and board member of the Welfare Council; Henry K. Craft, executive director of the Harlem Branch of the YMCA; Frederick W. Ecker, president of the Metropolitan Life Insurance Company; Leonard V. Harrison, director of the Committee on Youth and Justice of the Community Service Society; Dr. Frank J. O'Brien, associate superintendent of schools, and Timothy N. Pfeiffer, attorney and ASHA treasurer.

The Committee's responsibility lies in the development of the outline of a master plan for service to juvenile delinquents and adolescent offenders. According to Mr. Shaw "... the need has become acute for a central place where all proposals can be compared and, if possible, harmonized."

Ohio: Columbus Health Council Appoints Social Hygiene Committee.—Under the Chairmanship of Doctor Horace B. Davidson, President of the Columbus Academy of Medicine, the Metropolitan Health Council has appointed a Social Hygiene Committee to serve as the coordinating group in the field of social hygiene in the Columbus area.

Other committee members are: Walter A. Hixenbaugh, Social Protection Field Representative; Secretary, D. K. Finley, Columbus Chamber of Commerce; Rev. Floyd A. Faust; Mrs. Helen Haughton, Columbus Cancer Clinic; E. L. Replogle, Assistant Superintendent of Schools; Miss Elizabeth Grundy, Department of Medical Social Service, University Hospital; Mrs. S. L. Trumbull; Judge John M. Mathias, Municipal Court, Civil Division; Dr. Louis J. Roth, City Health Department; Mrs. Ralph W. Hoffman, Executive Secretary, Metropolitan Health Council.

Puerto Rico: Lions Club Supports Social Hygiene Program.—At its March 21 meeting, the Lions Club of San Juan adopted the following resolution in support of social hygiene efforts:

WHEREAS, the Lions Club of San Juan in the interest of better public health and human welfare have been convinced that additional efforts must be made between several governmental agencies concerned.

WHEREAS, a first step in this direction must come from legislative action.

BE IT RESOLVED, that this group hereby expresses its wholehearted support for the effort to repress prostitution in Puerto Rico and that the following measures be enacted by the legislature now in session.

1. An act to raise the age of consent of minors from 14 years to 16 years.
2. To provide penalties and enforcement measures against the practice of prostitution and further to establish means of education, vocational training and employment to those who are now so engaged.
3. To amend legislation against facilitators of prostitution with particular reference to hotel and bar owners and operators, taxi-drivers, pimps and other go-betweens who derive or accept income from the practice of prostitution.

BE IT RESOLVED, that the group remind officials of government of their obligation in removing conditions of vice, delinquency and promiscuity and in turn establish social, health and educational and recreational facilities which combat them.

This is a true copy of the resolutions accepted by the Lions Club of San Juan during its regular meeting on March 21, 1945. Copies shall be directed to the Governor of Puerto Rico, President of the Senate, Speaker of the House and Commissioner of Health.

Puerto Rico: Social Hygiene Committees Formed in Ponce and Caguas.—Supplementing the work of the Insular Committee on Social Protection, whose headquarters are in San Juan, community groups have recently been organized in the city of Ponce, second largest city on the Island—65,000 population; and Caguas, a town with a population of 25,000, about 20 miles inland from San Juan.

Both of these organizations grew out of Social Hygiene Day observances. In Ponce the Lions, Rotary and Altrusa Clubs joined with representatives of the Insular Committee and ASHA field representative. Kenneth R. Miller, in sponsoring the meetings. Mr. Manuel Toro has accepted the Chairmanship, and the Sub-committees and their Chairmen are as follows: Public Information, Sr. Arturo Castro, of the newspaper *El Mundo*; School Social Hygiene, Charles O. Hamill, Principal of Central High School; Industrial Hygiene, Pedro Juan Fortier; Rehabilitation, Mrs. Vechini; Medical and Public Health, Dr. Luis A. Yordan; and Law Enforcement, Alberto Poventud.

The chairmen of these sub-committees will serve as an Executive Committee.

The Caguas group has for its Chairman Mr. Rafael Correa Torres and Mrs. Rosario Seneriz de Morales is Secretary. These two officers, together with Mr. Manolin Seoane, the Mayor of Caguas, Mr. Jacinto Alvarez, Chief of the Caguas Police Department, and Mr. Cruz Munoz, Administrator of Caguas Municipal Hospital make up the Executive Committee. Sub-Committees and their Chairmen are: Committee on Schools, Mr. Charles Miner, Chairman; Committee on Medical Care, Dr. Severo Toruellas; Committee on Public Education, Sra. Josefina Arinosa Vda. de Armstrong; Committee on Law Enforcement, Sr. Andres Asencio; Committee on Rehabilitation, Celestino Lopez.

This Committee meets regularly twice a month to study, direct and act upon social hygiene matters which are brought before them.

Texas: Fort Worth Celebrates Social Hygiene Week.—The Mayor of Fort Worth, the Honorable I. N. McCrary, got Fort Worth's Social Hygiene Week off to a good start with an official proclamation, published in all the city newspapers, setting aside the first week of February for special emphasis on the community's responsibility for social hygiene.

Outstanding events of the week included a broadcast round table discussion at 3:30 P.M. on February 6th, in which Dr. H. M. Williams, the City Health Officer; Mr. J. A. Clark, Health Education Consultant for the Department of Public Health and Welfare; and representatives of the Police Department and the social services took part; a large evening meeting on the same date, at which Doctor Williams presided with Bascom Johnson, ASHA Director, and Chaplain Glenn C. Shaffer of the Fort Worth Army Air Force Training Command making the principal addresses.

Additional Social Hygiene Week observances included a special edition of *Timely Health Topics*, the bulletin of the Fort Worth-Tarrant County Health Education Committee, on the subject of social hygiene in the broadest meaning of that term, with sections on *Medical and Public Health*, *Legal and Protective Measures*, and *Life and Family Relations* aspects, and containing lists of books, periodicals, pamphlets and films available in Fort Worth; special news releases and editorial comment by the Fort Worth *Star-Telegram* and the Fort Worth *Press*; the showing of social hygiene films; and the distribution of a large amount of pamphlet literature.

Fort Worth's account of its February observance was received at the JOURNAL office just too late to be included in the brief report on Social Hygiene Day carried in the March issue. On the theory that it is never too late for good news we append this word of the observance there to our earlier report.

Virginia: Richmond Observes Social Hygiene Week.—A proclamation by the Mayor of Richmond designated February 8th-15th as *Venereal Disease Control Week* in that city. This was the occasion for a program of varied and interesting community activities carried on under the sponsorship of the Health Division of the Richmond Community Council and the City Health Department.

According to word from Mrs. Eloise R. Robbins, Secretary of the Health Division of the Council, posters were carried by buses and street cars and placed on all the street trash receptacles. The newspapers cooperated with editorial comment and daily news articles, with a feature story on the Rapid Treatment Center in the Sunday edition. The local Negro press was extremely generous in its allotment of space to this observance. Movies were shown daily to both white and Negro audiences. All business, industrial and government agencies were notified of the availability of material such as payroll stuffers, posters and movies. In response to this notice, requests were received for 12,000 payroll stuffers, 200 posters and 10 motion picture showings.

As a final feature of the program a panel discussion was held on the subject of *Our Goal—Social Protection*, with the participation of leaders in various organizations in Richmond. About 150 persons attended this meeting. The panel discussion itself was set up by a special committee of the Health Division of the Council on which served representatives of such groups as the Parent-Teacher Association, White and Negro Federations of Women's Clubs, Ministerial Union, Jewish and Catholic Groups, etc. The program included the following persons: C. L. Outland, M.D., Chairman, Health Division, presided; Dr. J. Leland Fox, medical officer in charge of Municipal Hospital, spoke on the subject *Facts About Venereal Disease We All Should Know*; Mrs. Margaret Fitcher, Executive Secretary of the Travelers Aid Society, *The Problem of Women and Girls in War Time*; Mrs. J. H. Marion, Jr., Advisor-Social Hygiene, Richmond Public Schools, *Sex Education—The Responsibility of the Home and Schools*; Rev. Theodore F. Adams, Pastor, First Baptist Church, spoke on *Responsibility of the Church for Happy Family Life*.

Bridging the Gap between Teacher and Parent

"Among all the charges and countercharges as to responsibilities for the juvenile delinquency situation, one thing stands out pretty clear—the curriculum of the public schools of today does not meet the civic or moral needs of youth. Special courses, taught by specially trained teachers, should be added to bridge the gap between parents who are not trained educationally or psychologically to be parents, and the subject-matter teachers who have time for teaching only their particular subjects. . . . Our aim, in theory, in the public schools has been to produce good citizens, but in reality we have fallen short in many cases. . . . The subject of sex is avoided in both schools and homes, yet it is this same subject that causes more trouble in one way or another than any other. . . . Youth needs wholesale help and guidance if the delinquency problem is to be overcome. The schools reach all children and it is their opportunity to help all youth. . . . Only in this way, it seems to me, can the most serious gap existing between parents and teachers be bridged, to the end that we all may produce finer boys and girls and better men and women. . . ."

SARAH HOOVER DAVIS,
in *Birmingham Teachers Association Bulletin*

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Director, Washington Liaison Office, American Social Hygiene Association

Inter-American Conference on Problems of War and Peace Re-affirms Social Principles.—An important feature of two weeks of discussion held at the Chapultepec Conference, Mexico City, D. F., February 21 to March 8 related to social and economic problems. The official report submitted to the governing board of the Pan American Union by the Director General has just been published.*

Of special interest to social hygiene workers will be the reports of Committee 4 on *Postwar Economic Problems* and Committee 5 on *Economic Problems of the War and Transition Period*. These two groups worked in close relation with one another, and joint sessions were held of the committees and subcommittees.

The delegate of Cuba, the Hon. Gustavo Cuervo Rubio was elected Chairman of Committee 4, and the delegate of Nicaragua, the Hon. Lorenzo Guerrero, served as Vice Chairman. The reporting delegate was the Hon. Luis Demetrio Tinoco, of Costa Rica. Senor Josué Saenz acted as Secretary and Sra. Lic. Josefina Poulat de Durant as Assistant Secretary.

At the Committee's first meeting two subcommittees were appointed, one to consider the economic and the other the social projects submitted by the delegations. As a result of its deliberations fourteen resolutions were approved, nine of which related to economic and five to social problems." Briefly summarized, those relating to social problems are as follows:

Declaration of Social Principles of America (Resolution XVIII).

This declaration is in two parts:

Part one is a series of declarations of fundamental principles.

Part two contains a number of recommendations of measures to be taken by the Governments of the American Republics and by international organizations intended to give effect to the basic principles. A final provision of the Declaration of an "Inter-American Charter of Social Guarantees," to be submitted to the Ninth International Conference of American States.

Health Security (Resolution XLV). This resolution recommends that the Governments give preferential attention to public health problems, and particularly to those of sanitation, control of endemics, preventive and curative care, and decrease in infant mortality. It also provides that the Pan American Sanitary Bureau continue to act as the general coordinating sanitary agency of the American Republics, except in cases which are governed by bilateral agreements between Governments, or between Governments and an inter-American organization.

The Charter for Women and Children (Resolution LV) recommends that the countries that have not yet done so, approve the agreements, declarations and resolutions in behalf of the woman, the child, and the family adopted at various conferences; and also that special commissions and offices be established in each country devoted especially to the problems of women and children. The

* Congress and Conference Series No. 47, Pan American Union, Washington, 115 p., 50 cents.

resolution entrusts to the American International Institute for the Protection of Childhood, the International Labor Organization, and other interested international organizations, an extensive study of all aspects of family life and of the problems of women and children.

The Conference also adopted a resolution on *Social Questions* (Resolution LVI) recommending that the Inter-American Technical Economic Conference give special attention to questions of a social character, and urging the American Republics to give full support to the American International Institute for the Protection of Childhood.

In Resolution LVII, *European Children*, the Institute for the Protection of Childhood, in cooperation with the Pan American Union and other international organizations, is requested to undertake a study of inter-American cooperation.

Stressed in these declarations and throughout is the importance of the family social unit as a fundamental institution and the necessity for measures to assure family moral stability, social welfare and economic improvement.

Among those serving as advisors on health and welfare problems to Secretary of State Edward R. Stettinius, Jr., Chairman of the United States Delegation, and Assistant Secretary of State Nelson A. Rockefeller, who was Alternate Delegate, were Major General George C. Dunham, President of the Institute of Inter-American Affairs and Miss Katharine F. Lenroot, Chief, United States Children's Bureau; Dr. Hugh S. Cumming and Dr. Aristides Moll, Director and Secretary respectively of the Pan American Sanitary Bureau, were observers. An important influence was Miss Minerva Bernadino, Chief of the Pan American Union's Inter-American Commission on Women, and an official delegate to the Conference from her home country the Dominican Republic. President of the Conference was Dr. Ezequiel Padilla, Minister of Foreign Affairs of Mexico.

The JOURNAL hopes to give further details of the resolutions adopted and plans formulated in a future number.

Canada: Social Hygiene Day Events.—The winter issue of *Health*, quarterly publication of the Health League of Canada, recites an impressive list of special features arranged by the League and its branches in observance of National Social Hygiene Day in February and the continuing year-round program. Among these are:

1. A series of weekly news releases.
2. Countrywide distribution of 15,000 copies of a new printed bulletin, *The Social Hygiene Voice*.
3. Use of postal cancellation stamps, *Stamp Out VD*, in a number of large centers (including a bi-lingual stamp in the province of Quebec).
4. Featuring over many radio stations of the Health League's new recorded VD panel discussions.
5. Showing of the full-length modern sound film, "No Greater Sin," along with the lecture supplement from "Damaged Lives," in some of the theatres across Canada.
6. The Canadian Pharmaceutical Association and most of the nation's 3,865 drugstores will cooperate by putting on special "VD" window displays during the week of May 21 to 26.
7. Libraries are cooperating by featuring social-hygiene literature in book and pamphlet displays.

8. Support is being given also by periodicals and journals in calling attention to the campaign and the problem either through announcements or feature articles on VD.
9. Junior Chambers of Commerce, along with Health League branches, are assisting in staging public panel discussions and other features.
10. The National Film Board also is, this season, cooperating by including in its many industrial circuits the ten-minute version of the popular VD film, "Fight Syphilis." In addition, they are prepared, through their district supervisors or community volunteer projectionists, to show any available film in industrial plants at any predetermined time.

The chief Social Hygiene Day address was given by Canada's recently appointed Minister of National Health and Welfare, the Honorable Brooke Claxton, over the trans-Canada network. "Venereal diseases are among the great causes of disability and death!" said Mr. Claxton. "Wiping out venereal diseases requires medical action and the marshalling of social forces. It requires high standards of private morality and of public action. The fight against venereal disease must be made on four fronts—medical, moral, social, and legal."

An excellent VD panel discussion in French, arranged by the League's Quebec Division at Montreal, was broadcast over the French network of the CBC.

Leading up to the Day, a series of Health-League-prepared spot announcements were given over many of the country's radio stations, calling attention to the approaching campaign and to the seriousness of the problem and appealing for citizen cooperation.

Canada: Health League President Passes Away.—The Honorable William Renwick Riddell, eminent jurist of the Supreme Court of Ontario, and President of the Health League of Canada since 1919, died on February 18th at the age of 92. *Health League News* for April says of him:

"First chosen at a nation-wide conference convened at Ottawa under the presidency of the late Hon. N. W. Rowell, who became Canada's first Minister of Health, Mr. Justice Riddell saw health as a great Canadian objective. Elected to office he spoke and wrote with enthusiasm for the cause of health for many years. His translation of the works of Hieronymus Fracastorius, the Florentine poet, who coined the word "syphilis" as a name for the sinister disease now recognized as one of the greatest problems of international health was dedicated to the workers of the organization of which he was president for so many years.

"Appropriately enough the eminent jurist urged with all the prestige of his position and his legal reputation that the Dominion had a serious responsibility in this field with which no argument for Provincial rights should be allowed to interfere. Life and health were, in his opinion, matters of importance to every Canadian."

Canada: Quebec City Cooperates in Anti-Venereal Disease Campaign.—The Sherbrooke Branch of the Health League of Canada reports that 600 students at St. Charles Seminary and most of the school's staff have taken blood tests as the result of the Branch's Anti-VD campaign. These blood tests are to be repeated each fall. Romeo Duford is secretary of the Sherbrooke Branch.

Scotland: The General Assembly of the Church of Scotland Studies Family Problems.—Under the title of *Home, Community and*

Church, R. Weatherall reviews in the Spring issue of *Biology and Human Affairs* published by the British Social Hygiene Council, a recent report presented to the General Assembly of the Church of Scotland on three topics, Marriage and the Family, Social and Industrial Life, and the Organisation of the Church's Life. The review says: "It is an encouraging sign to see the various religious bodies taking steps to face up to pressing social problems of the day." This report "deserves the attention of those who are seeking for a new synthesis between spiritual values and actual human life."

"The Church of Scotland views with apprehension departures from strict monogamy which are becoming prevalent now. Ideals of chastity are being questioned in theory as well as in practice. Yet the family has an age-long tradition behind it, and the most lasting civilisations, e.g., the Chinese and the Jews, have attached great emphasis to family life. The family provides the necessary social group to mediate between the individual and the community. The Christian ideal of the family has a physical basis, is non-ascetic, yet requires a great measure of give-and-take and of self-discipline. If this is truly understood, the road that leads to it will not seem too hard to traverse. The sex instinct must either be controlled within the bounds of disciplined married life or sublimated in noble tasks of social service, art and religion. There is significance and a power of witness in the fact that celibate life has been regarded as a vocation by large numbers of Christian people.

"An important aspect is that the 'double standard' of sex morality which used to prevail has now been largely displaced by a non-Christian type of single standard. These and other related changes, along with the explanation of sex relations through psychology, and its popularisation and vulgarisation by novels, plays and the cinema, have tended to accentuate rather than cure the inevitable strains inherent in the moral and spiritual adjustments to each other of two diverse individuals.

"Nevertheless, viewing all these social changes as a whole, the Church of Scotland is not inclined to take too pessimistic a view, for as the report states, 'real comradeship within the marriage-bond, the mating of mind with mind and spirit with spirit, is perhaps more common than ever before'; and the emancipation of woman is a gain which is 'accompanied by an increased sense of responsibility for the care and upbringing of the children and the enrichment of family life by the mother's outside interests and wider experience of life in general.'

"In this situation the Church feels that it has a positive task to perform, threefold in character—in social action, in teaching and pastoral work, and in the quality and intensity of its preaching of the Gospel. In the sphere of social action it states that it is neither reasonable nor fair to look for stability in sexual conduct if it is next to impossible to secure houses, or if there is no reasonable certainty of regular employment. It also calls for the fullest extension of health services, including ante-natal care and advice, maternity homes on an adequate scale, greater provision of milk, school meals, play centres for little children and nursery schools, as well as of further education and after-school activities for adolescent youth.

"As part of its teaching and pastoral work the report states that the Church has an obvious duty to give young people a better preparation for marriage, yet it doubts whether definite instruction in the physical and psychological aspects of married life is properly the work of the Christian minister. For this kind of work, it maintains, there is no substitute for the home; yet, where help is not forthcoming from the home, the Church cannot divest itself of all responsibility. Apart from this the report calls for a greater degree of religious life in the homes of the land and with reference to the power of the Gospel, it maintains that 'if social purity, successful marriages and happy homes are to be common amongst us, this will come about only by the

release of great tides of feeling and conviction, first in the Church, and then throughout the rest of the people.' ”

England: Jewish Association for the Protection of Girls, Women and Children Files Annual Report.—This Association, founded in 1885, has been active in the field of social protection since that time. The current report states that for the year April 1, 1943 to March 31, 1944, the Cases Committee dealt with 1,022 cases. The Children's Committee was of assistance with 113 children.

Two homes, Montefiore House and Sara Pyke House are maintained by the Association, which also cooperates with numerous other protective agencies and institutions including the British Social Hygiene Council. Officers of the organization are as follows: Vice-President and Honorary Treasurer, Leonard G. Montefiore, Esq., Joint Honorary Secretaries, Mrs. M. Keyser and Leonard S. Falk, Esq.; General Secretary and Secretary to Montefiore House and Sara Pyke House, Miss N. Lawrence; Secretary to Charcroft House and Cases Officer, Mrs. E. Solomons; Secretary to Children Committee, Miss E. Rollin. The headquarters are (war-time accommodation) 127 Middlesex House, London, E. 1.

Mexico Laboratory Training Center Is Launched.—A recent news story in a Mexican publication reports on an important project recently set up in Mexico City to further the national campaign against venereal diseases. The story reads:

A valuable service in the cause of inter-American health progress was recently performed by the Pan American Sanitary Bureau when it extended a helping hand to the venereal disease control center in Mexico City. By furnishing all the laboratory and office equipment required by the "Training Center, Laboratory and Dispensary," the Pan American Sanitary Bureau helped launch the organization which heads the nation-wide campaign against venereal disease in the Mexican republic. This movement was in cooperation with the Health and Welfare Department of Mexico, and the United States Public Health Service.

Built at a cost of \$70,000 and fitted with the most modern equipment, the "Centro de Adiestramiento, Laboratorio y Dispensario" functions as the nucleus of a national network of laboratories, known as the Coordinated Services of the Department of Public Assistance, as well as the principal venereal disease laboratory and dispensary for the capital city.

Plans have already been made to centralize a broad training program in the new laboratory. As part of this program technicians attached to services in the state capitals will participate in a two-months course at the Center designed to standardize and improve procedures employed in the various services.

This instruction will be directed by the staff of the Center whose members are all qualified by supplementary scholarship study in the United States to teach control techniques recently developed in North American research laboratories.

The equipment for the new laboratory was furnished after Dr. Mahoney, director of the Research Laboratory for Venereal Diseases of the United States Public Health Service in New York, had made a special investigation of its needs. Centrifuges, microscopes, electric refrigerator, sterilizing and testing equipment of the most recent manufacture have been installed as well as furniture for the conference, examination and waiting rooms.

Operated as a cooperative enterprise, the Center will continue to receive assistance from the Pan American Sanitary Bureau in collaboration with the United States Office of Inter-American Affairs as it pursues its objectives of coordinating and strengthening the national warfare against venereal diseases.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

The launching of new industrial programs fitting into the double pattern described in these notes in the April issue of the JOURNAL becomes imminent.

Fort Wayne, Chicago and cities in the South continue to develop plans for special VD education and control programs conducted jointly by trade unions, health departments, and local social hygiene societies. At the same time increasing activity can be reported in New Orleans, Chicago, Birmingham, and particularly in Dayton, toward the formation of industrial health committees in which VD is one of the subjects taken up as part of an over-all project of health education for employees.

DAYTON GETS STARTED

On May 15 in Dayton, Ohio, some 400 men and women attended a dinner at the Biltmore Hotel, to mark the inauguration of the Metropolitan Health Council of that city. Organized by the Council of Social Agencies, the Metropolitan Council includes representatives of industry, management, labor, official and voluntary health agencies, and the medical and dental professions.

With support from the local Association of Commerce, the establishment of the Metropolitan Council owes much to the untiring efforts of Orel J. Myers, President of the Dayton Social Hygiene Association. Mr. Myers' many friends in Dayton often wonder how he continues to function as one of the city's leading attorneys while carrying on his extensive activities on behalf of the health and welfare of his community and state. His leadership was largely responsible for the recent passage of the prenatal syphilis examination bill in Ohio and his work with Goodwill Industries is well known to Dayton citizens.

The Dayton dinner meeting was an unusually stimulating event, highlighted by the appearance of Governor Frank Lausche, who expressed generous approval of the newly established Council, and pledged his efforts toward maintaining and improving the health standards and facilities of the state. Excellent presentations were made by Dr. John R. Heller, Jr., Chief of the Venereal Disease Division of the USPHS, as personal representative of Surgeon General Thomas Parran; by Philip R. Mather of the ASHA Board of Directors, and by the principal speaker of the evening, R. E. Gillmor, President of the Sperry Gyroscope Company and Chairman of the

Fort Greene (Brooklyn) Industrial Health Committee—all three having made a special trip to Dayton for the occasion.

Dr. Heller brilliantly tied in the present status and perspectives of VD control in the United States with the forthcoming tasks of the Dayton Council in industry. He stressed the advances in the treatment of gonorrhea and their implications for the entire control program.

Mr. Mather gave an account of the ASHA, its place in the national fight against the venereal diseases, and its reasons for helping to promote the establishment of industrial health committees. Stating that the most miraculous medical discoveries are useless unless people know how to take advantage of them, he pointed out the great task of education which still lies ahead for the voluntary agencies. Industrial health committees, he said, offer the agencies the opportunity of reaching industrial communities with their messages. "The health agencies," he continued, "are becoming aware that by joining hands together in a general program of health education covering many subjects, we can each make advances in our respective fields."

MANAGEMENT SPEAKS

Mr. Gillmor, speaking on the subject, *We Are Our Brother's Keeper*, presented a moving and incisive plea for health education in industry from the point of view of management. Describing in some detail a "better vision" program which the Sperry Company has operated during the last year at a cost of \$60,000 for services and glasses supplied to employees, and which has resulted in fewer eye accidents, better job placement, and increased all-around efficiency, Mr. Gillmor went on to say that the "mutual benefits which resulted from this eye program are typical of every other phase of industrial health.

"The health-conscious employee," he continued, "becomes happier and more efficient, loses less time, gives more attention to the health of the members of his family, benefits himself, his industry and his community. Industrial medicine is the soundest kind of medicine because it is primarily concerned with the maintenance of health rather than the cure of disease. Industry has an excellent opportunity to contribute to the health of the community because it can deal with large groups and can get the cooperation of the union leaders, the foremen and many others whose opinions carry great weight with these groups.

"There are three elements to any industrial health program. The first is health education, the second is support by labor and management to get the education to the individual and to induce him to act on it, and the third is the means to respond to the demand for health services which is created by the health education. All three of these require organized community cooperation such as that you are proposing to have here in this progressive industrial city of Dayton. We have now had nearly two years of experience with a similar plan, the Fort Greene Industrial Health Committee of Brooklyn, of which I have the honor to be Chairman, and from that experience, I can assure you that you can have every reason for confidence in the value and practicability of your own far-sighted plan.

"The Fort Greene Plan is supported by subscriptions from the unions and the industries in the area. The health education is provided by tabloids, posters,

moving pictures and speakers. Labor-Management Committees within the plants are constantly striving to see that the employees read the tabloids and do everything they should to take care of their health. In large industries such as Sperry the plant hospitals have the means to make X-rays, Wassermann examinations and urine analyses and to respond in other ways to the demands created by the health education."

Mr. Gillmor's trip to Dayton is his latest demonstration of growth of an industrial executive from personal and business interest in promoting better health for industrial workers in his plant, to leadership stature in the community, and nationally. Under his guidance medical and health services for employees in the Sperry Gyroscope plants rank with the best provided by industry. At first reluctant to accept the chairmanship of the Fort Greene Committee, Mr. Gillmor has become its active leader. Having let his interest in health extend beyond the confines of his own plant, his contributions to the welfare of the community increased apace. Serving as principal speaker for the ASHA's *Industry vs. VD* Meeting on October 2nd, 1944, he became deeply interested in the problems of social hygiene. Subsequently, he accepted chairmanship of the Industrial Health Committee of the National Association of Manufacturers. Commenting recently on his assumption of wider responsibilities in the field of public health, Mr. Gillmor expressed his conviction that: "By improving community health we benefit ourselves as much as we benefit others."

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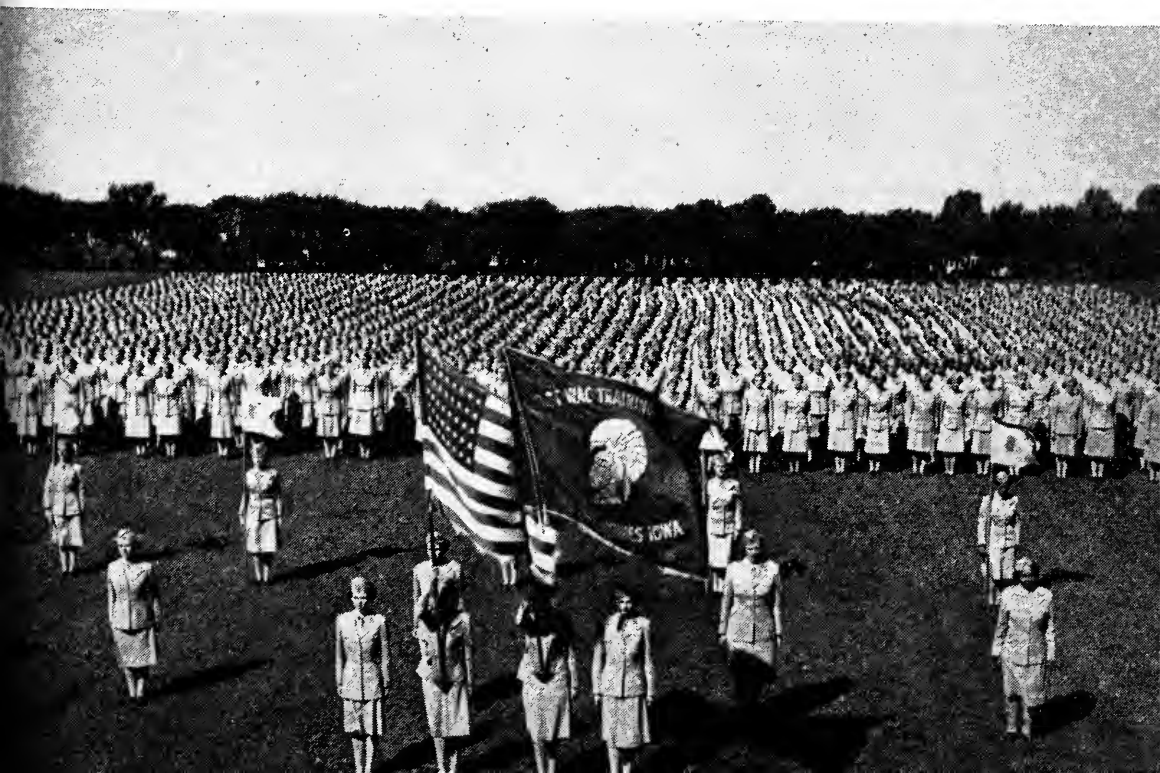


WOMEN AND THE ARMY

Women of the United States, both within the ranks and on the home front, have been strong forces for victory in this Global War.

Above, members of the Advisory Council, Women's Interest Section, War Department Bureau of Public Relations, at Joplin, Missouri, airport during a tour of WAC training centers and installations. *Below*, a regiment of the Women's Army Corps, which celebrated its third anniversary on May 14 (see other side), at Fort Des Moines, Iowa. *Left*, COLONEL OVETA CULP HOBBY, WAC Director, 1942-45. *Right*, COLONEL WESTRAY BATTLE BOYCE, who succeeded Colonel Hobby July 12, 1945.

U. S. Army official photographs



Women's Army Corps Marks Three Years of Service.—On May 14, the Women's Army Corps, comprising nearly 100,000 officers and enlisted women, recorded three years of effective and varied service in the war effort. Established in 1942 as an Army Auxiliary Corps, a major change was made in the organization in July, 1943, when the Auxiliary plan was abolished by law and Corps members invited to join the Army itself, with full military status.

By this change, the skills and abilities of women could be integrated naturally within the existing framework of the Army. Today, women are performing almost every type of task except combat, and enlisted women are even assigned to combat units for headquarters work. They serve in the Signal Corps, in the Army Medical Department, in Ordnance, in Civil Affairs, in Military Intelligence, in Transportation, with the Quartermaster's Corps, the Inspector General's and Judge Advocate General's Departments, the Engineers, the Provost Marshal General's Office and in Chemical Warfare Service. These women belong, not to a women's corps, but to whatever branch or corps of the Army in which they are assigned to work. Their loyalty and their intense pride in that arm, service or command matches that of the men with whom they work.

The Women's Army Corps is the instrument by which women soldiers are enlisted, trained and equipped. Special provision during the training period is made for them as women in such respects as may be necessary, including health and medical care. This is the direct responsibility of the Surgeon General of the Army, as is medical care of men soldiers. In charge of the Women's Medical Unit is Lt. Col. Margaret D. Craighill, Dean of Women's Medical College, Philadelphia, who was appointed by the Surgeon General as Consultant for Women's Health and Welfare. Following a complete pre-enlistment physical examination by a medical examining board, there is constant concern with the maintenance of the woman soldier's health and physical fitness.

Eleven members of the WAC have been awarded the Purple Heart for injuries received in robot bombings in England. Colonel Oveta Culp Hobby, original WAC Director, was awarded the Distinguished Service Medal on December 30, 1944, for "sound basic plans and policies" reflected now in "the high standards of conduct and discipline, the efficiency and devotion to duty exhibited by members of the Women's Army Corps, both overseas and in this country." As of January 1, 1945, five officers and enlisted women had been awarded the Legion of Merit, seven had earned the Bronze Star and two (for personal heroism not involving combat) had been given the Soldier's Medal.

Social hygienists from the first have maintained a keen interest in the opportunities for health maintenance and improvement and for sound understanding of human relations among this key group of women, both now and for the future when they return to their own communities and families. The ASHA and the social hygiene societies have been privileged to keep in close touch with WAC activities through the Advisory Council, Women's Interest Section, War Department Bureau of Public Relations, of which Miss Jean B. Pinney, Director of the Washington Liaison Office, is a member. The national meetings of this group, and the regional conferences in which state and community social hygiene representatives have participated, have furnished much valuable information and understanding which have been of service to all concerned in the war effort.

The JOURNAL takes pleasure in offering warm congratulations to the WAC, on its continued usefulness, and especially to Col. Hobby, first Director, who recently resigned her commission after three years of service, and to Colonel Westray Battle Boyce, who succeeds her in this important assignment. (*See frontispiece.*)

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SOCIAL HYGIENE A GENERATION AGO

*Continued from the June 1943 Journal, Tenth Annual
Library Number*

JEAN B. PINNEY

Editor, Journal of Social Hygiene

Reviewing the year 1915 as its events are recorded in the JOURNAL OF SOCIAL HYGIENE and the SOCIAL HYGIENE BULLETIN, the reader is struck with the scope of the new national social hygiene program and the vigor of the year-old American Social Hygiene Association. *The Journal of the American Medical Association* commented: "The American Social Hygiene Association . . . has taken a position that indicates that it is soon to become recognized as the dominant organization working for social and sex hygiene. . . . If the present high purposes and plans of the Association can be realized, the organization will prove of enormous benefit to social and public health conditions in this country." . . . The four-fold program of public education, information, legal-protective and medical activities was off to a good start. Officers of the Association were:

Charles W. Eliot, President, Cambridge, Massachusetts; Donald R. Hooker, M.D., Secretary, Baltimore, Maryland; Henry L. Higginson, Treasurer, Boston, Massachusetts; James Bronson Reynolds, Counsel; William F. Snow, M.D., General Secretary. Branch Offices existed in Chicago, where Walter Clarke was Field Secretary in charge of the Central States Division, and in San Francisco, with Thomas D. Eliot serving as Field Secretary to the Western States Division.

THE SOCIAL HYGIENE BULLETIN

January 1915

In the BULLETIN for January, 1915, the election of a member of the Board of Directors to succeed Miss Grace H. Dodge, whose greatly regretted death had occurred on December 27, 1914 was announced—Mrs. Christian A.

Herter—(now Mrs. Henry D. Dakin). . . . Eugene Brieux, author of the play *Damaged Goods*, was lecturing in the United States and was a guest of the St. Louis Social Hygiene Society at a meeting of its Executive Committee. . . . The play, with Richard Bennett

as star, was "still presenting its pointed lesson both in the East and West." . . . The New York City Department of Health stated that 22,703 cases of venereal disease had been reported during the first nine months of 1914. . . . The Petersburg, Virginia, police commissioners served notice upon all keepers of houses of ill fame to close up their places and leave the city by June 1st . . . A study of 317 "representative individuals" in Michigan's Upper Peninsula by the Bureau of Research of the U. P. Educational Association, showed 92 answering "yes," 175 saying "no" to the question "Do you believe sex hygiene should be taught in the schools? Why? How?". Reasons against were: teachers not qualified, it would make public talk; endanger morals of children; is duty of parents. Boys and girls who had received such teaching through physician-lecturers, answered, however, to questions "Did you learn anything of value?" Boys, 90 yes, 8 no. Girls, 54 yes, 20 no. "Do you favor another lecture?" Boys, 85 yes, 13 no. Girls, 44 yes, 30 no. . . . The Vigilance Society of Rangoon, Burma, issued a series of pamphlets in its campaign against segregation of prostitution, and said "The segregated area is in the heart of the city. Outside the area are many more brothels in a fringe all around it." A pertinent comment is made concerning immorality of soldiers: "It is sometimes found . . . that the supposed immorality of the soldiers is but a cover for the licentiousness of civilians. The civil hospitals are sometimes more crowded with men suffering from venereal disease than the military." . . . The Australasian Medical Congress had appointed a permanent committee on venereal disease, with Dr. Hardie Neil of Auckland as secretary, and had passed recommendations regarding education, reporting and treatment of these diseases. . . . The New Jersey Social Hygiene Association was promoting "The New Chivalry," "a movement among young men and women in the defense of home and country." H. A. Strohmeyer was secretary of the society.

February 1915

The BULLETIN for February, 1915 announced that the Association was arranging a competition for a prize of \$1,000 offered by the Metropolitan Life Insurance Company for a pam-

phlet for adolescents. . . . The Oregon Social Hygiene Society reported a saving of \$75,000 to \$100,000 a year to boys and men of the state as a result of its crusade against quackery, in which they had excellent cooperation from the state Pharmaceutical Association and the Retail Druggists' Association. . . . The National Board of Y.W.C.A., through its Commission on Social Morality, announced an institute on this subject, including joint sessions with the New York Society of Sanitary and Moral Prophylaxis. . . . The Richmond, Virginia, Vice Commission had rendered the first sections of its report on immoral conditions in that city, with the recommendation that the segregated vice district be abolished. . . . Bills of social hygiene interest pending before various state legislatures were: injunction and abatement bills, in Missouri, Michigan, Indiana and New Hampshire; a bill penalizing transportation for immoral purposes within the state, in Wisconsin; penalizing the keeping of bawdyhouses, in Wyoming; pandering, in Washington and New Hampshire; prohibiting quack advertisements for cure of venereal disease, in New York; requiring venereal disease to be reported, in New Hampshire. . . . The Public Health Report of the U. S. Public Health Service, January 29, for the first time, in its department, "Prevalence of Disease," listed reports of gonorrhea and syphilis. . . . The Committee of Fourteen of New York presented with its annual report the results of an investigation of department store conditions. . . . The Los Angeles Society of Social Hygiene had circulated a letter regarding problems of girl life to 5,000 homes. The project was conducted in cooperation with the Committee of City Mothers and School Women of Los Angeles.

March 1915

Announcement was made of the appointment by the American Public Health Association at its annual meeting December, 1914, of a Committee on Venereal Diseases, "for the study of practical methods of dealing with these diseases, with especial reference to work which may properly be undertaken by public health departments." (EDITOR'S NOTE: The present Committee on Administrative Practices in Venereal Disease Control.) Members of the Committee were: William F. Snow, M.D., General Secretary, The

American Social Hygiene Association, Chairman; W. A. Evans, M.D., Health Department, *The Tribune*, Chicago, Illinois; John N. Hurty, M.D., Secretary, State Board of Health, Indianapolis, Indiana; J. H. Landis, M.D., Health Officer, Cincinnati, Ohio; Powhatan Schenck, M.D., Health Officer, Norfolk, Virginia. . . . Dr. H. E. Kleinschmidt, Secretary of the St. Louis Society of Social Hygiene, had presented an annual report mentioning especially a lecture campaign among industrial workers. The Society was sponsoring a series of Fireside Talks for fathers and sons. . . . Paul B. Popenoe, Editor of the *Journal of Heredity*, gave a course of ten lectures under the auspices of the Washington, D. C., Y.M.C.A. . . . The Indiana legislature had passed an Injunction and Abatement Act to aid in repressing prostitution, making the twentieth state to adopt such laws. . . . New Jersey had recently adopted a law authorizing the appointment of policewomen in municipalities of the state. Current information reported 62 policewomen in 23 cities of the U.S.A. . . . In Lancaster, Pennsylvania, closing of the vice district in 1914 had been followed up with considerable improvement in regard to disorderly hotels and the rear rooms of saloons. Great Britain, after six months of World War I, was considering social hygiene problems arising from the war camps. *The Shield*, published by the British Branch of the International Federation for the Abolition of State Regulation of Vice, had given over an issue to this subject. . . . The International Council of Women, of which the Countess of Aberdeen was President, was "working incessantly for the suppression of the 'White Slave Traffic' and the state regulation of vice in all the countries where it still exists" and was "trying to spread the belief that there should be an equal moral standard for men and women." The Council also "encourages" the women of all nations to take an active part in the work for the improvement of public health."

April 1915

The ASHA announced an exhibit at the Panama-Pacific Exposition, San Francisco, consisting of "fifty wall charts divided into three sections, presenting (1) the general problem; (2) details; (3) the activities of the Association." "These are supplemented," says the BULLETIN, "by illus-

trated albums on methods of attacking the educational, religious, medical, and legal phases of the work. A few models are included, and the biological facts of reproduction, sex, and parenthood in nature are illustrated by a series of color drawings and living plants. The whole exhibit is built up around a 'catalogue' which explains its purpose and the work of the Association."

. . . Coming meetings included: National Conference of Charities and Correction, Baltimore, Maryland, May 12-19, 1915. The papers presented to the Social Hygiene Section of which Mrs. Martha P. Falconer, Darlington, Pennsylvania, was chairman, included: *Protective League Work*, Miss Maude E. Miner, New York City Protective and Probation Association; *The Rural Community and Prostitution*, C. C. Carstens, Boston SPCC; *Medical-Social Problems of Venereal Diseases*, Michael M. Davis, Jr., Director, Boston Dispensary; *A Survey of Educational Work in Social Hygiene*, Miss Katharine B. Davis, Commissioner of Correction, New York City; *The Next Steps to be Taken*, Abraham Flexner, General Education Board, New York City. . . . American Medical Association, San Francisco, California. The Preventive Medicine Section, Otto P. Geier, M.D., Cincinnati, Secretary arranged a symposium on occupational diseases at which William F. Snow, M.D., spoke on the relation of occupational environment to venereal diseases. At a symposium on venereal diseases arranged by the Hospital Section John A. Hornsby, M.D., Chicago, Secretary: Michael M. Davis, Jr., Director, Boston Dispensary, B. S. Barringer, M.D., Venereal Disease Clinic, New York City, P. S. Platt, Bureau of Public Health and Hygiene, AICP, New York City, and Dr. J. C. Geiger, Chief Bacteriologist, California State Board of Health, presented papers relating to the work of venereal disease clinics and laboratories. . . . The National Education Association meeting, Oakland, California, August 16-28, it was announced "will be addressed on social hygiene topics by Dr. William T. Foster, President of Reed College, Portland, Oregon, and Dr. Lewis M. Terman, of Leland Stanford, Jr. University." The American Social Hygiene Association was arranging a conference at Berkeley, California, August 3-5. . . . During this week the following organizations also held meetings in Berkeley and San Fran-

cisco: the American Statistical Association, the American Sociological Association, the American Economic Association, the American Association for the Advancement of Science, the American Pharmaceutical Association."

. . . Announcement was also made of two social hygiene courses at the summer session of Columbia University, one on "biological facts for sex education," by Miss Caroline Stackpole, and (2) "the problems of sex education," by Professor M. A. Bigelow and Miss Stackpole. . . . At the summer session of the University of California, a course to be given by Dr. Snow, "on Social Hygiene, with especial reference to its influence upon the future of the race, and taking up for consideration the educational, commercial, and social problems involved. This course, given for the first time in 1914, was repeated as a result of its success and of the interest which it aroused." . . .

The ninth Congress of the World's Purity Federation met in San Francisco, California, July 18-24, 1915.

. . . The General Federation of Women's Clubs issued a report of the Twelfth Biennial Convention with numerous references to social hygiene projects; among the resolutions adopted were: That the Children's Bureau be requested to issue a leaflet containing simplified information for the use of mothers in the instruction of children in sex hygiene; approving legislation in the various states and municipalities to require the reporting of venereal diseases to Boards of Health as are other infectious and contagious diseases"; approving the Abatement and Injunction Law "which makes it possible without complicated process of law to rid a city of houses of illfame, such as is in successful operation in Iowa and ten other states."

. . . *Law Notes* announced that a Morals Court was to be established on May 1 in Philadelphia to deal with the cases of women arrested for prostitution and related offenses.

. . . Vermont had recently passed a bill making venereal diseases reportable and providing a fine "not to exceed two hundred dollars for failure on the part of a physician to make such a report." The bill also provided a fine or imprisonment as penalty against any person who marries knowing that he is infected with a venereal disease. (EDITOR'S NOTE: This law has since been in full effect until the 1943 legislative

session when it was somewhat modified as regards penalty).

May 1915

It was announced that the Virginia Social Hygiene Association had been organized at Richmond on April 14, 1915, with the following officers: President, Reverend J. J. Gravatt, Richmond; Executive Secretary, Reverend J. W. Shackford, Richmond; Recording Secretary, Francis Bacon, Norfolk; Treasurer, O. S. Morton, Richmond. Purposes: "to unite for an aggressive, unrelenting warfare on the social evil, all the moral, religious, social, scientific and educational forces of the State." . . . The Louisiana State Social Hygiene Association was formed at Baton Rouge on April 23, 1915, with the purpose of furthering social hygiene work previously undertaken by the Department of Social Hygiene of the State Teachers' Association. Officers of the new social hygiene society were: Rabbi Emanuel Sternheim, Baton Rouge, President; Sarah T. Mayo, M.D., New Orleans, Vice-President; Mr. Ward Anderson, Lake Providence, Louisiana, Secretary-Treasurer. These officers, together with President V. L. Roy, State Normal School, Natchitoches, Louisiana, and E. L. Stephens, M.D., Lafayette, Louisiana, form the executive committee. . . . The California Social Hygiene Society had started placing in San Francisco signs warning against venereal diseases and offering free advice and treatment through the City Department of Public Health. The ASHA was also warning young people of the dangers of starting out for the Exposition without money, friends or definite employment assured on arrival. . . . In New York City, following investigations made by the County Medical Society and the State Department of Labor, 54 arrests were made and over a dozen medical institutes, museums of anatomy and other "so-called quack operations," were closed. . . . Louisville, Kentucky, had appointed a commission to investigate vice conditions, with the Reverend E. L. Powell, D.D., as Chairman. . . . The Shreveport, Louisiana, Vice Commission issued a report and recommendations in support of *Suppression versus Regulation of Vice*. . . . The ASHA Panama-Pacific Exhibit was duplicated in part for showing at other meetings. . . . New York State passed a law providing that a person who offers to commit

prostitution shall be deemed to be a vagrant. Persons convicted under it might be sentenced to a term not to exceed six months in the workhouse. **Colorado and Michigan** adopted Injunction and Abatement Laws. . . . New publications: *Annual Report Connecticut Society of Social Hygiene*; *Recommendations of the Social Hygiene Laboratory, Bureau of Social Hygiene*; the book, *Towards Racial Health*, Norah H. March; *Syphilis as a Public Health Menace*, Horace Greeley; *Monthly Bulletin*, New York City Department of Health; *Boston Medical and Surgical Journal*; *Venereal Diseases and Prostitution*.

June 1915

The Committee of Judges to conduct ASHA competition for the \$1,000 prize provided by the **Metropolitan Life Insurance Company** for the best original pamphlet on social hygiene for adolescents between the ages of twelve and sixteen years, was announced as follows: Mrs. Martha P. Falconer, Member of the ASHA Board of Directors and Superintendent of Sleighton Farms, Darlington, Pennsylvania; Lee K. Frankel, Ph.D., Sixth Vice-President, Metropolitan Life Insurance Company, New York; Luther H. Gulick, M.D., President, The Camp Fire Girls, New York; Miss Julia C. Lathrop, Chief, Children's Bureau, U. S. Department of Labor, Washington, D. C.; Milton J. Rosenau, M.D., Professor of Preventive Medicine and Hygiene, Harvard Medical School, Boston, Massachusetts; Victor C. Vaughan, M.D., President of the American Medical Association; Dean, Department of Medicine and Surgery, University of Michigan, Ann Arbor, Michigan; Mrs. Ella Flagg Young, Ph.D., Superintendent of Schools, Chicago, Illinois. . . . In Washington, D. C., the Injunction and Abatement Law was proving an effective means against houses of prostitution, and "The decision of the District Supreme Court that the Mann White Slave Act can be used for prosecutions in cases where women are transported for immoral purposes 'within the District of Columbia' furnishes a new weapon against prostitution in Washington." . . . In California, reports from Los Angeles, San Jose, Fresno, Stockton, Sacramento, and other cities, and from numerous counties indicate that actions brought under the law have usually been successful in effecting the closing of

houses of prostitution, and that in many cases no action has actually been brought, the mere threat of the law proving sufficient to effect its purposes.

July 1915

Illinois became the twenty-first state to adopt an injunction and abatement law. . . . The Connecticut Society of Social Hygiene arranged a series of special lectures to be given free of charge to any organization in the state requesting such service. Subjects offered were: *A Discussion of the Prevalence and Nature of the Social Diseases*; *The Double Standard of Morals for Men and Women—a Grave Social Menace*; *The Story of Life—How and When to Tell It to Children*; *Commercialized Vice in the United States and Europe*; *Connecticut's Need for a Women's Reformatory*. Dr. Valeria H. Parker was Society secretary. . . . The New York State Department of Health reported that laboratory service for syphilis and gonorrhea "undertaken for the first time during the current year has been found of such value that all physicians and health officers of the State outside of the city of New York should take advantage of it." . . . John L. Cornell, Counsel to the Society for the Prevention of Vice and Immorality, reported from Baltimore, Maryland, that "the disorderly houses in the city are being closed in accordance with the recent recommendation of the State Vice Commission made in reply to an inquiry of the Board of Police Commissioners. The assignation houses were closed some time ago and in consequence 'street walking' has been greatly reduced." . . . In Portland the Oregon Social Hygiene Society provided a course of lectures for the Principals' Association on the physiology and psychology of grammar school boys, with special reference to sex problems. Lecturers included: Dr. William House, Professor Harry Beal Torrey, Professor Edmund S. Conklin, and Professor Norman F. Coleman. . . . The Vice Commission of Lexington, Kentucky, reported on existing conditions within and without the city's segregated vice district and recommended action by the state legislature for (1) establishing a reformatory for women; (2) defining commercialized prostitution and providing penalties; (3) providing for punishment by imprisonment for men who patronize for immoral purposes

houses of prostitution and assignation; (4) "The Injunction and Abatement Law"; and (5) permitting the county and city to establish a reformatory for women in case the State fails to do so. City Ordinances also recommended: (1) defining prostitution and providing penalties against women engaged in it; (2) providing punishment against prostitutes by imprisonment as vagrants; (3) it is recommended that the executive officers warn women coming in the city for immoral purposes to leave at once or be subjected to prosecution under the above ordinances; (4) the immediate closing of all houses of prostitution outside what is known as the segregated district; (5) the closing of all disorderly houses in the city of Lexington so soon as a place be provided where their occupants who wish may find shelter when compelled to give up their practice of prostitution, but not later than January 1, 1916. . . . In the periodicals, William F. Snow wrote for the *Modern Hospital* an article on "*What Shall We Read?*". The *Journal of the American Medical Association* published articles on "*The Beginning of Syphilis*," "*The Efficiency of Venereal Disease Clinics*," and "*Syphilis of the Brain*."

August 1915

The American Social Hygiene Association announced a **Central States Conference** to be held in **Chicago** in October. An Advisory Committee was headed by President A. W. Harris of Northwestern University, and other committee members were: Miss Jane Addams, Hull House, Chicago; Mrs. Raymond Robins, Chicago; Dr. R. H. Stevens, President, Michigan Social Hygiene Society, Detroit, Michigan; Dr. T. L. Harrington, President, Society for Suppression of Commercialized Vice, Milwaukee, Wisconsin; Mrs. P. E. Rood, President, Toledo Federation of Women's Clubs, Toledo, Ohio; Rev. George R. Dodson, President, St. Louis Social Hygiene Society, St. Louis, Missouri; Dr. John D. Trawick, President, Kentucky State Social Hygiene Society, Louisville; Prof. W. A. McKeever, Kansas University; Dr. Graham Taylor, President, School of Civics and Philanthropy, Chicago; Dr. Frederick R. Green, Secretary, Council on Health and Public Instruction, American Medical Association, Chicago; Rev. M. D. Shutter, Minneapolis, Minnesota; Mr. V. H. Lockwood,

Indianapolis, Indiana; Hon. George Cosson, Attorney General, Des Moines, Iowa. . . . Selskar M. Gunn, Secretary of the **American Public Health Association**, announced that the Forty-third Annual Meeting would include a session of the Sociological Section on *The Control of Venereal Diseases*, considering their relation to public health administration; the municipality; clinics, hospitals, and social service visiting; the Wassermann test in public health laboratories. . . . The **Canadian Vigilance Association** found that, notwithstanding the Canadian statute to the contrary, hundreds of houses of prostitution were being conducted in Toronto, adding that the Association has gathered evidence and complained against over 400 of these "dens of vice," most of which had been closed. Street solicitation was widespread, especially on the downtown streets, but as a result of a vigorous campaign this evil has been lessened by seventy-five per cent. . . . The **Orange Memorial Hospital**, New Jersey, opened a clinic for venereal diseases, the second of its kind in the state. . . . The Mayor of Bridgeport, Connecticut, appointed a commission to inquire into vice conditions, with the Rev. John B. Brown as Chairman. . . . The Russell Sage Foundation published Section 6 of a Survey of **Springfield, Illinois**, on *The Correctional System* by Zenas L. Potter, which presented a report on the police attitude toward prostitution, and recommended "that in dealing with vice the policy of segregation be discontinued and be replaced by a policy of suppression through vigorous enforcement of the state law." . . . It was announced that the **International Association of Police Women** was organized at Baltimore, Maryland, on May 17. Mrs. Alice Stebbins Wells of Los Angeles, California, was president. . . . The **New York State Charities Aid Association**, following a health survey of Dutchess County, said in regard to venereal disease: "While the local physicians admit wide prevalence of these diseases, it was possible, owing to popular and professional attitudes, to get definite information of but one case. . . . The ignorance on the subject of venereal diseases, especially in the rural sections, is appalling, and the benefits which may be derived from the modern methods of treatment are practically unknown. Until education on this subject becomes general, and until provision is made for accurate

diagnosis and intelligent treatment, these diseases will continue to increase." . . . The Chinese Delegation to the **Panama-Pacific Exposition** procured copies of the texts and photographs of the charts which made up the ASHA exhibit, as a basis for a Chinese educational exhibit. . . . The Connecticut legislature included venereal diseases among contagious diseases to be reported. . . . The **Chicago Committee of Fifteen** reported that the new Injunction and Abatement Law was already having practical effects. "Property owners to whose attention the existence of immoral conditions upon their premises is called readily agree to give their properties a moral renovating." The **Chicago Law and Order League** and the **Illinois Vigilance Association** cooperated with the Committee in securing passage of the law. . . . The Wisconsin legislature, acting on recommendations of the **Wisconsin Vice Commission**, improved its law for repression of prostitution. . . . Among publications received was a *Report of the General Meeting of the Dutch Union Against Prostitution, May, 1915*. . . . *The Medical Review of Reviews* published in the August issue the articles: *What Many Physicians Do Not Know About Venereal Prophylaxis* (editorial); *Social and Economic Aspects of Public Health Problems*, Donald B. Armstrong M.D.; *The Status and Uses of Statistics on the Prevalence of Venereal Diseases*, William F. Snow, M.D. . . . *Good Health* for August carried an article, *Shall We Teach Sex Hygiene in Our Public Schools?* by W. F. Martin.

September 1915

The first **Annual Meeting** of the American Social Hygiene Association was announced for October 8 at the Copley-Plaza Hotel, **Boston**. . . . Further details of the **Central States Conference** to be held in **Chicago**, October 25 and 26, at the Congress Hotel, stated that the field to be covered included: *The correlation of social hygiene with other public health movements, eugenic laws, venereal diseases and public health, the economic loss due to prostitution; the white slave traffic act, the injunction and abatement law, the education of public opinion, education with reference to sex, and the newspaper as a moral educator*. Miss Katharine B. Davis, Commissioner of Correction, New York City; and Victor C. Vaughan, M.D., Dean of the Depart-

ment of Medicine, University of Michigan, were to be among the speakers. . . . **New York University** announced a course in social hygiene for the academic year 1915-16, to be given in the School of Pedagogy by William F. Snow, M.D., and Miss Laura B. Garrett. Subjects and materials were selected to meet the needs of the teachers, both in professional and in community welfare work. . . . The Conference arranged by the ASHA at **Berkeley, California**, August 3 to 8, was reported as notable for the practical value of the papers presented and for the frank discussion of such debatable questions as venereal prophylaxis, and the extension of hospital social service to the venereal diseases. Among the speakers were: Dr. M. J. Exner of the International Committee of the Y. M. C. A., and Professor J. E. Peabody of the Morris High School of New York City, who reported on the results of questionnaires to college and high school students as to the sources, amount, and influences of sex information. Other speakers included: Chancellor David Starr Jordan, Stanford University; President Benjamin Ide Wheeler, University of California; President William T. Foster, Reed College; Robert M. Yerkes, Harvard University; J. H. Kellogg, M.D., Battle Creek, Michigan; William F. Snow, M.D., New York City. . . . In connection with its exhibit in the Palace of Education at the **Panama-Pacific Exposition**, the ASHA conducted a series of informal conferences for parents. The groups, expected to be small, grew to an attendance of two to three hundred. . . . Schools for health officers at **Burlington, Vermont**, in July and at **New York University** in August, were addressed by Dr. Archibald McNeil on the subject of *Venereal Disease as a Public Health Problem*. . . . The Social Service League of **Bombay, India**, issued the first number of the *Social Service Quarterly*. . . . The **Massachusetts State Department of Health**, which had been providing free laboratory services for public hospitals and state institutions since June 1, announced that it could now extend this service to private, charitable and municipal hospitals and institutions, and to the patients of private physicians. . . . *The Medical Review of Reviews* published in its September issue: *What Health Departments Can Do to Solve the Venereal Problem under Existing Conditions*, J. H.

Landis, M.D.; *The Attack upon Venereal Diseases Through Education and Publicity*, W. A. Evans, M. D. . . . In *The General Federation of Women's Clubs Magazine*, Mrs. Woodallen Chapman presented an article on *The Social Hygiene Movement and Social Morality*. . . . Rowland Haynes wrote for the *National Municipal Review* an article on *Municipal Recreation*. . . . The *Survey* for September 4, published *Facts about Vice at San Francisco*, and *More Light on Social Hygiene Problems*.

October 1915

At the ASHA Annual Meeting in Boston on October 8, members and delegates were present from six states with an average attendance at the public sessions of 300. Newspaper publicity was generous. A few quotes from Boston papers follow: "Education is the first step that must be taken in the fight against sexual immorality and disease."—*Boston Journal*. "Real wisdom, a wisdom that takes account of all human factors—the forces both of idealism and materialism—was evident. . . . Such wisdom broadens the too narrow faith which a previous generation pinned exclusively to the hope of suppression through legislative action in its endeavor to combat social ills. . . . Suppression we must continue, but suppression can succeed only as our general standards are raised to demand better and better expression."—*Boston Evening Transcript*. . . . "The deep study of these once tabooed subjects, now generally deemed to be most vitally related to human progress and happiness and to the welfare of the race, individually and collectively, is a very hopeful sign."—*Boston Traveler and Evening Herald*. "Dr. Donald R. Hooker, in his address, laid particular stress upon the change of viewpoint in regard to legalized prostitution."—*Boston Evening Transcript*. . . . "Dr. Edward L. Keyes, in his paper *Morals and Venereal Disease*, reviewed the campaign of the last ten years. The small, isolated, specialized early efforts dealing wholly with the perils of disease were contrasted with the present complex situation. There is scarcely a social or religious body in the country today which is not taking cognizance of this subject."—*Boston Herald*. . . . Dr. Abram W. Harris, President of Northwestern University, was elected President of the Association to succeed

Dr. Charles W. Eliot who became Honorary President.

A Second Pan-American Scientific Congress planning to meet in Washington, D. C., announced that venereal prophylaxis would be a subject considered by the Section on Public Health and Medical Science, of which Surgeon General William C. Gorgas, U. S. Army, was Chairman. . . . The New York State Department of Health in a pamphlet by Dr. Louis Chargin, Chief of the Division of Venereal Diseases, described its efforts at the control of these diseases. . . . The St. Louis Society of Social Hygiene announced through the *Public Library Monthly Bulletin* that it would furnish speakers for Library or other meetings. . . . The Pennsylvania Conference of Charities and Corrections held a luncheon conference on social hygiene at its meeting in Philadelphia. . . . San Antonio, Texas, after a year's campaign by the law enforcement league had finally closed the "red-light district" by process of law, having obtained permanent injunctions through the Civil District Court against the owners, lessees, and tenants of disorderly houses in accordance with the criminal code of Texas. . . . The *Southern Medical Journal* published an article on *Syphilis in the American Negro*, by K. M. Lynch, B. K. McInnes and G. F. McInnes, with five other papers on *Syphilis*. . . . The *Survey* carried an article, *Syphilis: The Scourge of Society*.

November 1915

California reported that its Injunction and Abatement Law against houses of prostitution was working well. . . . The Supreme Court of the State of Oregon, reported the Oregon Social Hygiene Society, had sustained a law enacted in 1913 forbidding the advertising of sex medicines in which an advertisement of a "cure" for gonorrhea was involved. . . . In Quincy, Illinois, a movement was reported for the enforcement of the Injunction and Abatement Law against houses of ill fame. . . . The Kansas City Society for the Suppression of Commercialized Vice was making substantial progress in securing the co-operation of property owners. Nearly one hundred and fifty objectionable tenants had been driven out of business, at least temporarily. . . . Springfield, Illinois, had abolished its

segregated district as a result of a law enforcement order by Sheriff John A. Wheeler. Sheriff Wheeler gave his reasons for this action as follows: "First. Because the practice of prostitution is a violation of the laws of God and man. Second. On account of the personal demoralization caused. Third. Because it promotes the white slave traffic. Fourth. Because of the economic waste. Fifth. It is the main source of the spread of venereal diseases. Sixth. The close association with disorder and crime. Seventh. It tends to produce official dishonesty." . . . In *Modern Hospital* Dr. Snow presented *Proofs of Progress in Administrative Control of Syphilis and Gonorrhea in the United States*. . . . The U. S. Navy Medical Bulletin for July described the *Damage of Syphilis to the Navy*. . . . Publications received included *Keeping in Condition* by H. H. Moore, Macmillan; and *Problems and Principles of Sex Education* by M. J. Exner, MD

December 1915

The Oregon Social Hygiene Society presented its fourth annual report of progress entitled *State-Wide Extension*. Also noted was an editorial in the *Portland Oregonian* which said: "No work that is now being done for the welfare of the State of Oregon exceeds in importance that of the Oregon Social Hygiene Society . . . The society is making successful war on a class of disease which destroys or impairs the health of both men and women and of their children also. It seeks to impart moral strength . . . by spreading correct knowledge about the relations of the sexes and by building up a character which will resist temptation to abuse those relations." . . . The Pan-American Scientific Congress, to meet in Washington, D. C., December 27-January 6, had upon its program papers on social hygiene topics as follows: *Medical and Social Problems of Venereal Disease* by Dr. Edward L. Keyes, Jr., New York; Dr. Ernesto Oetrioza, Lima, Peru; and Dr. Luis Vargas, Santiago, Chile; *Public Health Measures in Relation to Venereal Diseases* by Dr. William F. Snow; *International Agreements in Relation to the Suppression of Vice* by James Bronson

Reynolds, New York. . . . In England, the Association for Moral and Social Hygiene was formed by union of the British Branch of the International Federation for the Abolition of State Regulation of Vice and the National Association of English Women. . . . The British National Council for Combating Venereal Disease reported lectures to the troops under the auspices of the War Office, with special attention to reaching new recruits. . . . Idaho passed an Injunction and Abatement Law. . . . The United States Public Health Service published its first annual summary of the cases of syphilis and gonorrhea reported for the year 1914, showing a total of 855 cases of gonorrhea and 691 cases of syphilis. States reporting were: California, Kansas, Louisiana, Michigan, Puerto Rico, and Vermont. The BULLETIN says: . . . "publication of these reports serves to call repeated attention to the fact that these are dangerous contagious diseases. The figures themselves very evidently bear no accurate relation to the actual prevalence of the diseases in question, but are significant as indicating progress toward their recognition as serious communicable diseases." . . . Professor William I. Thomas, Department of Sociology, University of Chicago, gave a course entitled *Prostitution*, open to graduate students. Students are assumed to be those preparing for a life-work in practical sociology. . . . The *Journal of the American Medical Association* published: *The Wassermann Test in the Medical Dispensary*, J. J. Moore, M.D.; *Efficient Dispensary Clinics a Requisite for Adequate Coping with the Venereal Diseases*, M. M. Davis, Jr.; *A Statistical Study of Syphilis as Seen in the Outpatient Department of the University of California Hospital*, J. L. Whitney, M. D. . . . The *Quarterly Bulletin of the New Hampshire State Board of Health* presented an article on *Venereal Diseases* by G. C. Wilkins, M.D. . . . The *New York State Journal of Medicine* reported on *The Results of a Campaign Against Venereal Disease by a Physician's Organization*. . . . The *American Journal of Public Health* published an article on *The Marriage Health Certificate, a Deeply Rooted Social Problem* by Oscar Dowling, M.D.

THE JOURNAL OF SOCIAL HYGIENE

March, 1915

The JOURNAL, having begun publication as a quarterly magazine in December, 1914, with James Bronson Reynolds, ASHA Counsel, and Dr. William F. Snow, General Secretary, as Editors, issued its second number. Mr. Reynolds contributed the leading article *Recent Progress in Social Hygiene in Europe*, stating that "hopeful achievement" had occurred, in spite of "suspension of thought and action in many fields due to the advent of the Great War." Conditions and projects in Great Britain, France, Germany, Italy and Denmark were reviewed, and study of the national system for reduction of venereal diseases in the latter country was particularly recommended. . . . Frederick W. Betts, D.D., Chairman of the Syracuse Moral Survey Committee and pastor of the First Universalist Church of that city, in a *History* of the Committee's three years' work, said: "Up to 1913 Syracuse was known everywhere among its citizens and the traveling public as a 'wide-open' city. Commercialized vice flourished openly in every form. The first thing that one saw as he came into the city from the east on the New York Central Railroad was a stretch of a half mile of East Washington Street, known as the segregated district. There was a business as openly conducted as any commercial enterprise in the city." Following a study of VD prevalence by the Syracuse Society for Prevention of Social Diseases, in January, 1911, which revealed 4,412 infections under treatment during the year 1910 (3.21 per cent of a population of 137,249) the Ministers' Association early in 1912 appointed a carefully selected Committee of Eighteen to conduct a moral survey. Facts secured in five different investigations during 1912 by Clifford G. Roe and George J. Kneeland, experienced through their work with the Chicago Vice Commission and elsewhere, were published in February, 1913, in a printed report of which 4,000 copies were placed in the hands of physicians, ministers, newspaper editors and the general public. Evidence placed before a Grand Jury and in the hands of the District Attorney resulted in indictments and conviction of fourteen "madams" in charge of disorderly houses, with \$400 fines and jail sentences for each. The segregated dis-

trict was closed, and the Committee believed that great progress had been made in public understanding and support. . . . In the March issue also, Franklin Hichborn of San Francisco, followed his December article on *California's Fight for the Red Light Abatement Law*, with a description of *The Organization That Backed the Abatement Bill*. (It will be recalled that California's law, though passed in 1913, was only made effective in December, 1914, by a referendum vote of the people which gave a 50,000 majority in favor of the bill.) A statewide campaign conducted by committees in the North and South through mass meetings, sermons and pamphlet distribution (a million and a quarter copies) newspaper editorials and articles, were largely responsible for the gratifying results of the referendum. . . . In this number too, Bascom Johnson, ASHA Assistant Counsel, presented an article and chart showing eighteen states having *Injunction and Abatement Laws*, and analyzing the history requirements and usefulness of such laws, with citations and decisions in various test cases. . . . Paul L. Vogt, Professor of Sociology, Miami University, wrote on *Rural Morality, A Study in Social Pathology*. Two mid-western counties were studied regarding prevalence of syphilis and gonorrhea (162 cases known in a population of 59,000), prostitution (found non-commercial and clandestine) criminal records, and juvenile delinquency, marriage and divorce records and other available data. Conclusions: "The great problem of church and school is to take control of the recreational life of the village so there will be an abundance of wholesome social and recreational contact under proper auspices and favorable conditions. . . . Both preacher and teacher need to emphasize more and more principles of living in modern society and to take the lead in eliminating evil by substituting an abundance of good."

The way to this desirable end was pointed by inauguration of the trail-breaking series of articles *How Shall We Teach?* Among contributors were Laura B. Garrett, New York (*Sex Education for Children*); Rev. Frederick H. Sill, Headmaster, the Kent School (*Parent-Teacher Cooperation*); Charles E. Gaffney, St. Louis (*A Father's Plan for Sex Instruction*); Grace F. Ellis and T. D. Upton (*Sex Instruction in*

a *High School in Grand Rapids, Michigan*); George F. Fisher (*Sex Education in the Young Men's Christian Association*). The importance of the library was again emphasized by continuance of the *What Shall We Read?* department instituted in the December issue, reporting on a survey of social hygiene books in public libraries in 50 towns and cities in 21 states. Books reported totalled 1,100 copies of 153 titles. Books reviewed in the March number included: *For Girls and the Mothers of Girls*, Mary G. Hood; *Report and Recommendations of the Wisconsin Vice Commission*; *Safeguards for City Youth at Work and at Play*, Louise de Koven Bowen; *The World's Social Evil*, William Burgess; *Science of a New Life*, John Cowan, M.D.; *The Other Kind of Girl* (how one country girl became a prostitute), Anonymous; *Biology and Social Problems*, George Howard Parker; *Making of a Man*, O. E. Janney, M.D.; *Sex Problems*, M. B. Williams; *Health, Strength and Happiness*, Caleb W. Saleeby, M.D.; *Problems of Boyhood*, Franklin W. Johnson, and *Health Work in the Schools*, Ernest B. Hoag, M.D. and Lewis W. Terman.

A provocative contribution was by Dr. Charles E. Banks, Senior Surgeon, U. S. Public Health Service on the subject *Venereal Disease—the Probable Prevalence—an Attempt to Reach a Definite Basis of Statistical Value*. The author stated that in the absence of any authentic record "the best that can be said of the estimates is that they are the personal guesses of physicians engaged exclusively in venereal work . . . or that statistics of municipal dispensaries are the basis." Guesses varied from 80 per cent of the male population infected, to the "more modest suggestion that 20 per cent would cover it." On the basis of estimates of infections among army and navy servicemen, and merchant seamen treated in Marine Hospitals, it is fair to say that "not more than 5 per cent of adult males can be properly under suspicion as original annual venereal victims" and that "the percentage of persons acquiring venereal infections is less than 3 per cent annually." (Two years later, when America's young men were called for the First World War draft, by rough indices 32 per thousand out of the first million men examined were found infected with syphilis, chancroid and/or gonorrhea. A rate of 56 per thousand,

based on somewhat more precise information, was found among the second million draftees. "These rates apply to the proportion of men between the ages of 18 and 30 who showed symptoms at a given time," says *Defects Found in Drafted Men*, by Charles B. Davenport, Director, Station for Experimental Evolution, Carnegie Institution and Lt. Col. Albert G. Love, Office of the Surgeon General, U. S. War Department, in an article in *The Scientific Monthly*, Jan.-Feb. 1920. It should be noted that the methods of diagnosis available for general use at that time were so limited as contrasted with those of the present day that no comparison is possible between these figures and those concerning Selective Service Candidates in World War II.—EDITOR.) Dr. Banks sensibly concludes: "The real interest centers practically in facing the problem for the future, not in estimating the exact damages of the past. It is a campaign for prevention. . . ." This forward official look occurred only 7 years after the head of the U. S. Treasury Department, under which the Public Health Service functioned until 1935, had disapproved for publication a Bulletin on VD prepared for information of Merchant seamen, with the comment "The matter contained in this bulletin is not in keeping with the dignity of the fiscal department of the Government" (see *Shadow on the Land*, Parran, p. 80) and three years before the U. S. Congress established on July 9, 1918, the Interdepartmental Social Hygiene Board and set up within the PHS a Division of Venereal Diseases.

June, 1915

Michael M. Davis, Director of the Boston Dispensary, writing on *Evening Clinics for Venereal Disease*, reported 45 patients per night coming for treatment, and stressed the need for more out-patient clinics at hours accessible to working people, as made apparent by this experience and that described in the recently published report of the British Royal Commission on Venereal Diseases. "Evening clinics are not unknown in the United States, but the number is yet quite small. Conditions under which dispensaries have been established have naturally caused out-patient clinics to be opened at hours most convenient to medical men volunteering their services." There was some opposition to a change of hours, but the writer

believed that it must come if real progress was to be made. . . . **New York City** was one place where clinic service was generally available only in day-hours, according to a double feature article, *Survey of Venereal Clinics in New York City* by R. S. Barringer, M.D. and *A Statistical Efficiency Test*, by Philip S. Platt, Superintendent, Bureau of Public Health and Hygiene, New York Association for Improving the Condition of the Poor. Among the 53 clinics surveyed, it was found that while the standard called for three days a week, some of them furnished service but two days. Other methods and conditions were not entirely satisfactory. There was room for improvement in clinic administration, records, appearance—"many of the rooms are filthy"—social followup was casual. Standard requirements for GU clinics, as adopted by the **New York City Associated Out-Patient Clinics** were reprinted and adherence urged. Only seven syphilis clinics out of 27 could be approved, and but four VD clinics came up to requirements. The study was made under the auspices of the **Society for Sanitary and Moral Prophylaxis** and the **AICP**. . . .

Another important aspect of VD control, *Contagion of Gonorrhea Among Little Girls*, was discussed in an article by Frederick J. Taussig, M.D., Associate in Gynecology, Washington University Medical School and a Member of the Executive Committee, **St. Louis Society for Social Hygiene**. Health and school authorities were urged to be on the alert for these infections, and to study sources and means of prevention. The study dealt with treatment and social service followup observations of 66 cases coming to the Children's Hospital, **St. Louis**. . . . Social protection was given attention in this number in three articles: a report on *Prostitution and Mental Deficiency*, by Walter Clarke, ASHA Field Secretary; *The Menace of Low Wages for Women*, by Margaret Dreier Robins, and a progress report by Clifford Gray Twombly, Rector of St. James Protestant Episcopal Church, Lancaster, Pennsylvania, under the heading of *The City That Has Followed Up Its Report on Vice Conditions*. Dr. Clarke dealt with mental deficiency as a basic cause for entrance of women into lives of prostitution, and concluded from study of records of 1,825 prostitutes compiled by eight agencies that about one-half of the

prostitutes coming into custody of city and state institutions are mentally defective. . . . (This bears out to a large extent later conclusions reached in similar studies. See Koch-Wilbur, JSH December, 1944 and Weitz-Rachlin, May, 1945—Ed.) . . . Mrs. Robins reminded readers that "the girl who is hungry and tired and lonely is likely to take a long chance . . . that there is commercialized vice, organized for the purpose of betraying the youngest of our sisters" (the woman in industry), and pronounced the trade union and the program of the **Women's Trade Union League** as good solutions. . . . Dr. Twombly summarized developments since publication of the first *Report on Vice Conditions* in Lancaster, in February, 1914, as shown by the Second Report, 1915, stating "the city is immeasurably cleaner, morally, than a year ago, but much remains to be done. (The **Lancaster Law and Order Society** has maintained a continuous campaign since those days.—Ed.)

Of general interest was an article by Thomas D. Eliot, ASHA Field Secretary, on **Social Hygiene, at the Panama-Pacific International Exposition** (see page 331 for description of ASHA exhibit and special events). . . . Efforts are described of the **California Law Enforcement League**, **National YWCA**, **General Federation of Women's Clubs** and other social and civic organizations, to protect visitors to the Exposition—particularly young people—from exploitation and bad moral influences. . . . *How Shall We Teach?* included short pieces on *The Parent and the Problem*, by Ora Boring, with illustrative fact-stories by Charlotte V. Gulick, Mary A. Mason, Pamela M. Eakins, and others. *What Shall We Read?* presented selections from thirteen books considered sound discussions of social hygiene problems. Among these: *The Call to Face Facts*, Creighton; *The Social Emergency*, Foster; *The Gate of Gifts*, Jordan; *The Evil to Be Fought and the Only Cure*, Creighton; *Wild Oats*, Oppenheim; *Guiding Principles in Sex Instruction*, Galloway. A list of the thirteen, with publishers and prices, was appended. Books reviewed in this number included *European Police Systems*, by Raymond B. Fosdick; *Heredity and Sex*, Thomas Hunt Morgan; *Biology of Sex*, T. W. Galloway. . . . Under *Note and Comment* appear items concerning the work of **The German National Committee for**

Suppression of White Slavery and a report on educational efforts to raise moral and social standards in Japan, looking toward abolition of prostitution. . . . A letter from Josephus Daniels, Secretary of the Navy, to All Commanding Officers, emphasizes the need to follow faithfully the Navy program of education against VD. . . . The Oregon Legislature had appropriated \$15,000 for support of the Oregon Social Hygiene Society.

September, 1915

ASHA President Charles W. Eliot of Harvard University discussed *The Main Points of Attack in the Campaign for Public Health*, before the Massachusetts Association of Boards of Health, stressing the importance of health officer activities towards the "cure and limitation of venereal diseases" and in cooperation for repression of prostitution. . . . In a Report of the Committee on Social Hygiene of the National Conference of Charities and Correction (now National Conference of Social Work), Mrs. Martha P. Falconer said that good progress had been made in repression of prostitution and the program for prevention of this evil since the Committee's appointment two years before. She reviewed the work of the several Vice Commissions in Chicago, Syracuse, and elsewhere, summarized new legislation passed or in process in the 1915 legislatures, and approved the appointment of policewomen "in several communities" as "a step in the right direction." In the long run, individual responsibility, especially among women, for upholding the standards of morality and for the religious and ethical training for young people, she believed held the greatest opportunity and the strongest hope. "To dwell on the evil until we disbelieve in the good will make us useless in this struggle. . . . We are not going to accept as a fact that prostitution has always existed and so must always continue to exist." . . . Abraham Flexner, before the same Conference, speaking on *Next Steps in Dealing with Prostitution*, urged a middle course, doing first things first, taking hold where there seemed to be the best likelihood of success, and pointed out the relation of prostitution problems to the whole broad field of social difficulties. . . . C. C. Carstens, Secretary, Massachusetts Society for Prevention of Cruelty to Children,

discussed *The Rural Community and Prostitution*, urging that schools, churches and other community centers in rural areas occupy themselves with provision of wholesome recreation and right teaching for youth. . . . *What Are Our Social Standards?* asked Florence M. Fitch, Ph.D., Dean of Women, Oberlin College. "If . . . parents and teachers and other men and women most interested in social conditions could formulate the wisest usages for their own community and plan a campaign of social, moral and religious training for their boys and girls it would be perhaps the most significant task to which the educated, thoughtful men and women of the present day could direct their attention." Dr. Max J. Exner, Sex Education Secretary, International Committee YMCA, described *Sex Education by the YMCA in Universities and Colleges*, and summarized the results of his inquiries into the background and early information of college men on this subject. (This was the frequently quoted study which showed 91.5 per cent of 948 college men saying they received their first permanent impressions about sex from unwholesome sources, with only four per cent receiving them from parents.—Ed.) . . . Balancing this article was one by Dr. Anna L. Brown, Secretary of the Department of Physical Education and Hygiene, National YWCA, on *Sex Education in the YWCA*. Aside from a continuous program among the young women of its membership, the YWCA was working especially to train teachers. . . . Supplementing Prof. Thomas D. Eliot's article in the June issue, Bascom Johnson wrote on *Moral Conditions in San Francisco, and at the Panama-Pacific Exposition*, at the half-way mark of the event's duration. Mr. Johnson, as one of those actively concerned with efforts to close the notorious Barbary Coast as a preliminary to the Exposition's opening, while quoting a letter from Mayor Rolph which categorically affirmed active efforts of police and governmental effort to keep conditions in San Francisco suitable for visiting families and young people, regretfully reported that though a genuine effort had evidently been made, the conditions as found did not seem to bear out the Mayor's optimistic statements. . . . Ernest Philip Boas, M.D., of New York, writing on *The Relative Prevalence of Syphilis Among Negroes and Whites*, called attention to the fact

that no really reliable statistics existed on this topic, and expressed his belief that the estimates of from 50 to 75 per cent of Negroes infected with syphilis were exaggerated. . . . Among *Book Reviews* in this issue were included: *In Her Teens*, Mrs. Woodall Chapman; and *Psychology and Parenthood*, H. Addington Bruce. . . . Under *Note and Comment*, Wesley Peacock, Secretary of the **San Antonio Law and Order League**, reported that the city's segregated vice district had been closed by process of law, the League having secured permanent injunctions through the Civil District Courts against owners, lessees and tenants of disorderly houses, in accordance with the criminal code of Texas. . . . The **Federal Council of Churches of Christ in America** issued two pamphlets: *What Every Church Should Know*

About its Community and Social Service for Young People. . . . The **State of Vermont** announced a new law to make venereal diseases reportable by name when found among patients in institutions and by number when found in private practice. . . . Persons marrying while knowing themselves to be infected with gonorrhea or syphilis were made subject to a fine of not more than \$500 or imprisonment for not more than two years. A person having sexual intercourse while knowing himself to be infected with venereal disease was made subject to similar penalties. (This law was recently somewhat modified by the State legislature, following passage of laws providing for premarital and prenatal medical examinations.—Ed.)

(To be continued)

EDITORIAL

SOCIAL HYGIENE AND THE NEXT GENERATION

As this is written VE-Day has come and gone, and the world is waiting and hoping for further good news from the South Pacific. Events are crowding in so close and fast that it is hardly possible to comprehend what is happening today, let alone taking time for backward looks such as that in the preceding pages, in *Social Hygiene a Generation Ago*. All eyes are turned, all minds are racing forward, to the future, which is as it should be. However, we believe it is good and useful to publish occasional summaries such as this. Aside from the historical review which at first thought might seem the main function, a measuring stick of progress is thus set up, perspective is provided, and perhaps even more important is the evidence, repeatedly apparent, that many social hygiene problems, in spite of the amazing advances on all sides, are still before us, as they were thirty years ago. What social hygiene in the next generation will accomplish, only time can tell. Human nature does change. Once the people understood the benefits for themselves and their children, they demanded free public discussion of syphilis and gonorrhea, better laws for protection against these diseases, better community conditions. If, in the next thirty years they come to understand as well and as widely the benefits of personal, family and community life so strongly built and bulwarked, *from within*, by sound principles and right conduct, that health and happiness cannot be threatened by social ills, it will be progress in truth.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

The May Act Against Prostitution Is Extended.—The “May Act” of July, 1941, which protects army and navy establishments against prostitution in areas where state and local law enforcement is unable to do so, has been extended by Act of Congress for another year, dating from May 15, 1945, when the original Act expired. Congressman Andrew J. May, Chairman of the House of Representatives Committee on Military Affairs, and sponsor of the 1941 bill, introduced H. R. 2992, to cover the extension which, following a Committee hearing on May 1, was passed by unanimous vote by the House on May 7, adopted by the Senate on May 14, and approved by President Harry S. Truman on May 15. The new legislation reads as follows:

[PUBLIC LAW 58—79TH CONGRESS]

[CHAPTER 126—1ST SESSION]

[H. R. 2992]

AN ACT

To extend the provisions of the Act of July 11, 1941

(Public Law 163, Seventy-seventh Congress)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Public Law 163, Seventy-seventh Congress (518 a, ch. 13, title 18 of the Criminal Code), is hereby amended by deleting “May 15, 1945” and inserting in lieu thereof the following: “May 15, 1946, or the date of the termination of hostilities in the present war, or on such earlier date as may be specified in a concurrent resolution of the two Houses of Congress for that purpose. As used in this section the term ‘date of the termination of hostilities in the present war’ means the date proclaimed by the President as the date of such termination or the date specified in a concurrent resolution of the two Houses of Congress as the date of such termination, whichever is the earlier.”

Approved May 15, 1945,
by HARRY S. TRUMAN,
President.

As readers of the JOURNAL know, the May Act operates by empowering the Secretary of War and/or the Secretary of the Navy to designate areas, if needful, around army posts and navy bases in which prostitution is prohibited as a federal offense. Although it has been necessary to invoke the Act in only two instances, its existence has had a salutary effect, and its reenactment by Congress serves notice on the prostitution exploiters that the Government is not “letting the bars down.”

National Advisory Police Committee on Social Protection Meets.—May 23 and 24 were the dates and the Hotel Statler, Washington, the place of another important meeting of the National Advisory Police Committee on Social Protection, a potent factor since its organization in 1942 in the country-wide effort to repress prostitution in wartime.

With Mark A. McCloskey, Director, Office of Community War Services, in the chair, the program began with a four-way presentation of *The Current Situation and Problems Ahead* by Dr. John R. Heller, Jr., U. S. Public Health Service, Major Ernest B. Howard (MC) of the Army, Lt. Commander John W. Ferree (MC) of the Navy and Thomas Devine, Director, Social Protection Division. Mrs. Imra Buwalda, Consultant to the Social Protection Division and a pioneer protective worker, discussed the need for recruiting and training policewomen. Charles J. Hahn, Jr., SPD Law Enforcement Specialist and secretary of the National Sheriff's Association, presented a report of the NAPC Sub-committee on Detention on *Standards of Detention for Adults and Juveniles*.

General discussion of the facts presented and plans outlined with Captain Donald S. Leonard, Michigan State Police, presiding, occupied the second day.

Among police chiefs and other law enforcement officers attending as members of the Committee were:

Gus Anderson, Greeley, Colo.; Gus Caple, Little Rock, Ark.; Charles W. Dullea, San Francisco, Calif.; Eleonore L. Hutzel, Detroit, Mich.; Thomas H. Jaycox, Wichita, Kan.; Edward J. Kelly, Providence, R. I.; A. E., Kemberling, Louisville, Ky.; Joseph Kluchsky, Milwaukee, Wis.; Ferris E. Lucas, Port Huron, Mich.; Capt. Rhoda J. Milliken, Washington, D. C.; James J. Mitchel, St. Louis, Mo.; Michael F. Morrissey, Indianapolis, Ind.; John F. Murray, Perth Amboy, N. J.; James B. Nolan, New York; James F. O'Neil, Manchester, N. H.; Joseph T. Owens, Rome, N. Y.; George Reyer, New Orleans, La.; Fred A. Roff, Morristown, N. J.; William C. Ryan, Detroit, Mich.; Charles H. Schoeffel, Trenton, N. J.; William S. Souter, Sandusky, Ohio; John L. Sullivan, Pittsfield, Mass.; Reed E. Vetterli, Salt Lake City, Utah.

Other members and guests included:

Dr. Walter Clarke, Executive Director, ASHA; Frank T. Cullitan, Prosecuting Attorney, Cuyahoga County, Cleveland, Ohio; David C. Meck, Jr., Judge, Municipal Court, Cleveland, Ohio; Mrs. Alice C. Pitcher and Robert E. Raleigh, International Association of Chiefs of Police; Bruce Smith, Institute of Public Administration; Agnes Ferriter, Policewoman, Police Department, Lancaster, Pa.; Dr. Spencer Parratt, Syracuse University, Syracuse, N. Y.; Bascom Johnson and Jean B. Pinney, ASHA.

National Conference of Social Work Holds Annual Meetings.—Cooperating wholeheartedly with the Office of Defense Transportation, the National Conference of Social Work this year planned numerous community meetings in lieu of the usual large general meeting. Many fine programs were scheduled, with 131 meetings in 41 states, Canada and the District of Columbia on May 28 and subsequent dates, according to Howard R. Knight, General Secretary. An interesting report on this "dispersed annual meeting" is slated to appear in the *NCSW Bulletin* soon.

National Health Council Elects Officers.—The National Health Council, clearinghouse for 21 national voluntary health organizations, has announced the results of election of officers for the coming year as follows: President, Mrs. Eleanor Brown Merrill, National Society for the Prevention of Blindness; Vice-President, Dr. Walter Clarke, ASHA; Secretary, Professor Maurice A. Bigelow, American Eugenics Association; and Treasurer, Dr. William F. Snow, ASHA.

Court Approves Popenoe Pamphlet Mailing Rights.—In a decision handed down May 28, the United States Court of Appeals for the District of Columbia has supported the right of the pamphlet *Preparing for Marriage*, by Paul Popenoe, Director of the American Institute of Family Relations, to go through the mails. This popular and useful pamphlet, in print for more than a decade, and included in ASHA lists, was banned from the mails by the Post Office Department in October, 1942. The United States District Court for the District of Columbia issued an injunction in July, 1944, against the P. O. ban, but this was suspended pending the present appeal.

Another decision of the same court a week later, reversed a decision of the lower court supporting revocation by the Postmaster General of the second class mailing privileges of the magazine, *Esquire*. This case was different in that the Post Office Department did not seek to bar the magazine from the mails, but only to revoke the second class mail privilege. The Popenoe decision and excerpts from the *Esquire* decision are given here for interested readers:

UNITED STATES COURT OF APPEALS

DISTRICT OF COLUMBIA

No. 8875

FRANK C. WALKER, POSTMASTER GENERAL OF THE UNITED STATES, APPELLANT,

v.

PAUL POPENOE AND THE AMERICAN INSTITUTE OF FAMILY RELATIONS, APPELLEES.

Appeal from the District Court of the United States for the District of Columbia.

Argued March 21, 1945.

Decided May 28, 1945.

Mr. Frederick Chait, Attorney, Department of Justice, of the bar of the State of New York, *pro hac vice*, by special leave of Court, with whom Assistant Attorney General Shea and Messrs. Edward M. Curran, United States Attorney, and Arnold Levy, Special Assistant to the Attorney General, were on the brief, for appellant. Mr. Daniel B. Maher, Assistant United States Attorney, also entered an appearance for appellant.

Mrs. Virginia Collins Duncombe, with whom Mr. Charles A. Horsky was on the brief, for appellees.

Before GRONER, C. J., and EDGERTON and ARNOLD, JJ.

EDGERTON, Associate Justice: Appellees are the author and the publisher of a pamphlet called *Preparing for Marriage*, which appellant, the Postmaster General, has excluded from the mails. The District Court granted appellees a summary judgment enjoining appellant from refusing to carry the pamphlet.

The pamphlet contains detailed information and advice regarding the physical and emotional aspects of marriage. Appellees have devoted serious study to the subject. The language of their pamphlet is plain but decent. Its obvious purpose is to educate, and so to benefit, persons who are about to marry. Its premises are that marriage should be made as happy, and as permanent, as possible; that too many marriages are unhappy and too many end in divorce; that some sorts of sexual behavior are more conducive than others to happiness and permanence in marriage; that there is a body of knowledge on this subject which is not instinctive and should be made available to those who need it; and that pamphlets can aid in the diffusion of this knowledge.

Appellant relies on a statute which directs him to exclude from the mails publications which are "obscene, lewd, or lascivious."¹ This statute was enacted 72 years ago, during the presidency of General Grant. It assumes that the stimulation of the senses by writing or print is an evil. It does not assume that this is the worst of evils and must be prevented wherever possible at all costs.

Despite the purely educational purpose and the uniformly decent language of appellees' pamphlet it may be that some of its phrases, by reason merely of their subject matter, may stimulate the senses of some persons. But much more than this is necessary to bring a work within the statute; otherwise no work on anatomy, and no dictionary, could be sent through the mails, and much of our most respected literature would be barred. (1) The effect of a publication on the ordinary reader is what counts.² The statute does not intend that we shall "reduce our treatment of sex to the standard of a child's library in the supposed interest of a salacious few."³ (2) The statute does not bar from the mails an obscene phrase or an obscene sentence. It bars an obscene "book, pamphlet . . . or other publication . . ." If a publication as a whole is not stimulating to the senses of the ordinary reader, it is not within the statute.⁴ (3) It would make nonsense of the statute to hold that it covers works of value and repute merely because their incidental effects may include some slight stimulation of the senses of the ordinary reader. The *dominant* effect of an entire publication determines its character. "The standard must be the likelihood that the work will so much arouse the salacity of the reader to whom it is sent as to outweigh any literary, scientific or other merits it may have in that reader's hands."⁵

For all three of the foregoing reasons, "works of physiology, medicine, science, and sex instruction are not within the statute . . ."⁶ No serious work of this character, expressed in decent language, is obscene, lewd, or lascivious.⁷ The point is emphasized by the fact that the same statute expressly bars from the mails works "giving information, directly or indirectly . . . how or by what means conception may be prevented or abortion produced." If explicit sex information had been obscene, lewd, or lascivious within the meaning of the statute, particular mention of contraceptive information would not have been necessary.

The statement in appellant's brief that appellees' pamphlet "deals with contraception and gives information as to sources of additional material on the

¹ Act of March 3, 1873, 17 Stat. 599; Rev. Stat. (1873) § 3893; 35 Stat. 1129 (1909), 36 Stat. 1339 (1911); 18 U. S. C. § 334 (1934); Criminal Code, § 211, as amended.

² *Parmelee v. United States*, 72 App. D. C. 203, 113 F. 2d 729; *United States v. One Book Entitled Ulysses*, 5 F. Supp. 182 (D. C., S. D. N. Y.), affirmed, 72 F. 2d 705, 708 (C. C. A. 2d).

³ *United States v. Kennerley*, 209 Fed. 119, 121 (D. C., S. D. N. Y.).

⁴ *United States v. One Book Entitled Ulysses*, 72 F. 2d 705 (C. C. A. 2d); *Parmelee v. United States*, 72 App. D. C. 203, 211.

⁵ *United States v. Levine*, 83 F. 2d 156, 158 (C. C. A. 2d).

⁶ *United States v. One Book Entitled Ulysses*, 72 F. 2d 705, 707 (C. C. A. 2d).

⁷ *Parmelee v. United States*, 72 App. D. C. 203, 210, 113 F. 2d 729; *Consumers Union of United States, Inc. v. Walker*, U. S. App. D. C. 145 F. 2d 33; *United States v. Dennett*, 39 F. 2d 564 (C. C. A. 2d); *United States v. One Obscene Book Entitled "Married Love,"* 48 F. 2d 821 (D. C., S. D. N. Y.).

subject" is quite misleading. The pamphlet mentions contraception, but it does not describe or even remotely suggest any contraceptive method. It contains what it calls a "supplementary reading list" of sixteen items. One of these is "Himes, Norman E. Practical Birth Control Methods. N. Y., 1938." The pamphlet gives no further information about this item and does not tell where or how the reader can get it. If, as appellant seems to contend, the listing of it justified exclusion of appellees' pamphlet from the mails, the Index Expurgatorius would have to be excluded from the mails if it should list a similar item. The statute does not go so far. A general statement that works on birth control exist does not give information "how or by what means conception may be prevented," and neither does a statement that a particular work on birth control exists. Information is not even "indirectly" given unless it is at least made easier to get. One need not know the name of a book or an author in order to go to a store or library and ask for a book on birth control. One's probable chance of getting a book, which may be great or small according to circumstances, is not material here. Whether it is great or small, it will not be materially increased if one asks for a particular book; and this is all that appellees' pamphlet enables one to do.

Appellant's order barring the pamphlet from the mails was issued without notice or hearing. The trial court held, and we agree, that the order was for that reason a denial of due process. Our views on this point are expressed in Judge Arnold's opinion in which, as in the present opinion, we all concur. But if the judgment were affirmed solely on this ground, the merits would have to be decided in a future hearing and a future law-suit. To obviate that necessity we are deciding the merits now. The pamphlet is not covered by the statute. Since a contrary finding could not be supported,⁸ it is immaterial that the trial court made no finding. The result is that the judgment is affirmed on each of two distinct and independent grounds. If both these grounds were absent, we should have to consider whether Congress may constitutionally confine discussion of sex as it could not confine discussion of other subjects within the limits which it conceives to be good for the community.

ARNOLD, *Associate Justice*, concurring: The statute under which the Postmaster General acted in this case makes the mailing of obscene matter a serious crime. It also provides that obscene material shall not be conveyed in the mails. The Postmaster General construed this statute as giving him power to exclude from the mails, without a hearing, any publication which in his judgment was obscene. The court below correctly decided that the order barring appellees' pamphlet from the mails without a hearing was a violation of due process.

The power to exclude a publication from the mails without a hearing in practical effect permits the Postmaster General to cause irreparable injury to any publisher without the minimum safeguard of an opportunity to present his case. There are, of course, other means of distribution besides the mails, but they are not effective ones in the case of ordinary publications. To deprive a publisher of the use of the mails is like preventing a seller of goods from using the principal highway which connects him with his market. In making the determination whether any publication is obscene the Postmaster General necessarily passes on a question involving the fundamental liberty of a citizen. This is a judicial and not an executive function. It must be exercised according to the ideas of due process implicit in the Fifth Amendment. As we said in the case of *Pike v. Walker*:¹

"Whatever may have been the voluntary nature of the postal system in the period of its establishment, it is now the main artery through which the business, social, and personal affairs of the people are conducted and upon which depends in a greater degree than upon any other activity of government the promotion of the general welfare. Not only

⁸ Cf. *Parmelee v. United States*, 72 App. D. C. 203; *American School of Magnetic Healing v. McAnnulty*, 187 U. S. 94, 109.

¹ 73 App. D. C. 289, 291, 121 F. (2d) 37, 39 (1941).

this, but the postal system is a monopoly which the government enforces through penal statutes forbidding the carrying of letters by other means. It would be going a long way, therefore, to say that in the management of the Post Office the people have no definite rights reserved by the First and Fifth Amendments of the Constitution, and if they have, it would follow that in administering the laws established to protect the mail and the regulations thereunder the duty of the Postmaster General would be,—to use the language of Justice Brandeis in the *Burleson* case, *supra*,—that:

“ ‘In making the determination he must, like a court or a jury, form a judgment whether certain conditions prescribed by Congress exist, on controverted facts or by applying the law. The function is a strictly judicial one, although exercised in administering an executive office. And it is not a function which either involves or permits the exercise of discretionary power’—which is to say, that his authority is governed by the Acts of Congress which confer it, and by the law of the land.”

The statement of Mr. Justice Brandeis quoted above occurs in a dissent. But on this particular point his conclusion is reinforced by the majority opinion² which upheld the order of the Postmaster General on the ground, among others, that a hearing had been accorded in that case which satisfied the requirements of due process.

The *Burleson* case dealt with matter which was unmailable because of the Espionage Act. But there is no reason of public policy which would require a different rule in case of obscenity. There are no absolute and enduring standards of what is obscene. The border line between obscenity and decency changes with the times, with public taste in literature and with public attitudes on sex instruction. The determination of whether a publication violates such changing standards is certainly one which should not be undertaken without a hearing.

We are not impressed with the argument that a rule requiring a hearing before mailing privileges are suspended would permit, while the hearing was going on, the distribution of publications intentionally obscene in plain defiance of every reasonable standard. In such a case the effective remedy is the immediate arrest of the offender for the crime penalized by this statute. Such action would prevent any form of distribution of the obscene material by mail or otherwise. If the offender were released on bail the conditions of that bail should be a sufficient protection against repetition of the offense before trial. But often mailing privileges are revoked in cases where the prosecuting officers are not sure enough to risk criminal prosecution. That was the situation here. Appellees have been prevented for a long period of time from mailing a publication which we now find contains nothing offensive to current standards of public decency. A full hearing is the minimum protection required by due process to prevent that kind of injury.

Affirmed.

No. 8899

ESQUIRE, INCORPORATED, APPELLANT,

v.

FRANK C. WALKER, as Postmaster General of the United States, APPELLEE.

Appeal from the District Court of the United States for the District of Columbia.

Argued April 20, 1945

Decided June 4, 1945

* * *

Before MILLER, EDGERTON and ARNOLD, Associate Justices.

ARNOLD, *Associate Justice*: Esquire is a well known magazine of general circulation. It contains stories, articles, literary and dramatic reviews. Its con-

² *United States ex rel. Milwaukee S. D. Pub. Co. v. Burleson*, 255 U. S. 407 (1921).

tributors include distinguished authors, clergymen, and professors in our best educational institutions.

The Postmaster General revoked the second-class mailing privileges of this magazine, not on the ground of obscenity but because he thought its dominant purpose was to publish writings and pictures described in his order as being "in that obscure and treacherous borderland zone where the average person hesitates to find them technically obscene, but still may see ample proof that they are morally improper and not for the public welfare and the public good."¹ The revocation order would cost Esquire about \$500,000 a year and put it in such a disadvantageous competitive position that it probably could not continue as a current magazine of general circulation.

The theory of the ruling depriving Esquire of second-class mailing privileges, while at the same time permitting it to be mailed at higher rates, is stated by the Postmaster General as follows: "A publication to enjoy *these unique mail privileges* [emphasis added] . . . is bound to do more than refrain from disseminating material which is obscene or bordering on the obscene. It is under a positive duty to contribute to the public good and the public welfare."

No doubt such a duty exists. But it does not follow that an administrative official may be delegated the power first to determine what is good for the public to read and then to force compliance with his ideas by putting editors who do not follow them at a competitive disadvantage. It is inconceivable that Congress intended to delegate such power to an administrative official or that the exercise of such power, if delegated, could be held constitutional.² Congress established the second-class mailing privileges because it believed that periodicals which disseminated public information, literature, art or science deserved to be encouraged on account of their contribution as a class to the public good. But the American way of obtaining that kind of contribution is by giving competitive opportunity to men of different tastes and different ideas, not by compelling conformity to the taste or ideas of any governmental official. This basic idea has nowhere been more eloquently expressed than in the famous quotation from Mr. Justice Holmes, dissenting in *Abrams v. United States*:³

"But when men have realized that time has upset many fighting faiths, they may come to believe even more than they believe the very foundations of their own conduct that the ultimate good desired is better reached by free trade in ideas,—that the best test of truth is the power of the thought to get itself accepted in the competition of the market; and that truth is the only ground upon which their wishes safely can be carried out. That, at any rate, is the theory of our Constitution."

What the Government appears to assert is that the power to charge Esquire an additional \$500,000 a year for use of the mails, unless it conforms to the Postmaster General's notions of the public good, is not a power to censor because the magazine may be mailed at the higher rate. The key to an understanding of this extraordinary contention is found in the Postmaster General's reference to second-class mailing rates as "unique privileges." He appears to think of his duty under the statute, not as administration of nondiscriminatory

¹ . . . 39 U. S. C. §§ 224, 226 (1940) . . .

² No case has been cited involving the precise facts before us here. However, the broad principles outlined in the following cases made this conclusion inescapable: *West Virginia State Board of Education v. Barnette*, 319 U. S. 624 (1943); *Hague v. C. I. O.*, 307 U. S. 496 (1939); *Lovell v. City of Griffin*, 303 U. S. 444 (1938); *Grosjean v. American Press Co.*, 297 U. S. 233 (1936); *Near v. Minnesota*, 283 U. S. 697 (1931); *Pike v. Walker*, 73 App. D. C. 289, 121 F. (2d) 37 (1941).

See also dissenting opinions of Mr. Justice Holmes and Mr. Justice Brandeis in *United States ex rel. Milwaukee S. D. Pub. Co. v. Burleson*, 255 U. S. 407 (1921). The majority in the *Burleson* case does not sustain the position taken by the Postmaster General since it held that the publications involved there were nonmailable.

³ 250 U. S. 616, 630 (1919).

rates for a public service, but as analogous to the award of the Navy E for industrial contributions to the war. The Navy E is an award for exceptional merit. The second-class mailing rate is conceived by the Post Office to be an award for resisting the temptation to publish material which offends persons of refinement.

But mail service is not a special privilege.⁴ It is a highway over which all business must travel.⁵ The rates charged on this highway must not discriminate between competing businesses of the same kind. If the Interstate Commerce Commission were delegated the power to give lower rates to such manufacturers as in its judgment were contributing to the public good the exercise of that power would be clearly unconstitutional. Such a situation would involve freedom of competitive enterprise. The case before us involves freedom of speech as well.

Little more need be said to decide this case. Nevertheless, since we hope that this is the last time that a government agency will attempt to compel the acceptance of its literary or moral standards relating to material admittedly not obscene, the voluminous record may serve as a useful reminder of the kind of mental confusion which always accompanies such censorship.

Army Preventive Medicine Service Has New Health Education Unit.—Captain Granville W. Larimore (MC), formerly with the VD Control Division, Office of the Surgeon General, U. S. Army, has been appointed head of a new Health Education Unit in the Preventive Medicine Service. The new unit will produce educational materials, including films, pamphlets, posters and other graphic aids for the VD Control Division and other divisions of the Preventive Medicine Service. T. S. Ferree, Director of Graphics for the VD Educational Institute, Raleigh, N. C., is serving as consultant for the new Unit.

Army Service Forces and Air Forces VD Control Officers.—Lt.-Col. Thomas H. Sternberg (MC), chief of the VD Control Division, Office of the Surgeon General, U. S. War Department, reports the following assignments of VD Control Officers to the Division and the Service Commands:

Headquarters Staff, Venereal Disease Division, Office of the Surgeon General,
1818 H Street, N.W., Washington 25, D. C.

Lt.-Col. Thomas H. Sternberg (MC), *Director*
Major Ernest B. Howard (MC), *Assistant Director*
Lt. Warren J. Duffy, *Administrative Assistant*

⁴ . . . *Pike v. Walker*, *supra*, note 2, at p. 291.

Mr. Justice Brandies dissenting in *United States ex rel. Milwaukee S. D. Pub. Co. v. Burleson*, *supra*, note 2, at p. 430 . . .

Mr. Justice Holmes, dissenting in the *Burleson* case, at p. 437 . . .

⁵ Even if second-class mail service actually were a privilege which could be withheld in the Postmaster General's discretion we still do not think it could be used to purchase compliance with his literary standards. If a publication is not actually obscene the publisher's right of free speech is clearly involved. In our opinion the principle of *Terral v. Burke Construction Co.*, 257 U. S. 529 (1922), and *Western Union Telegraph Co. v. Kansas ex rel. Coleman*, 216 U. S. 1 (1910), which involves state imposition of unconstitutional demands on foreign corporations is broad enough to cover this situation. For a comprehensive review of cases supporting this principle see article by Robert L. Hale, 35 Columbia L. Rev. 321 (1935), entitled *Unconstitutional Conditions and Constitutional Rights*.

Service Commands*

First Service Command: 808 Commonwealth Avenue, Boston, Massachusetts; Major E. M. Cohart (MC)

Second Service Command: Governor's Island, N. Y.; Major Louis Altshuler (MC)

Third Service Command: U. S. Post Office and Court House, Baltimore, Maryland; Lt.-Col. Paul Padgett (MC)

Fourth Service Command: Post Office Building, Atlanta, Georgia; Lt.-Col. Asa Barnes (MC)

Fifth Service Command: Fort Hayes, Columbus, Ohio; Major Herbert L. Traenkle (MC)

Seventh Service Command: New Federal Building, 15th and Dodge Sts., Omaha, Nebraska; Major Preston Clarke (MC); Lt.-Col. James H. Gordon (MC) has been transferred to the Pacific Area.

Eighth Service Command: 1145 Commerce St., Dallas, Texas; Lt.-Col. L. A. Dewey (MC)

Ninth Service Command: Fort Douglas, Salt Lake City, Utah; Major George M. Leiby (MC)

Caribbean Defense Command: Quarry Heights, Panama Canal Zone; Lt.-Col. Daniel Bergsma (MC)

Army Air Forces

Current assignments are:

Army Air Forces Headquarters: Office of the Air Surgeon, Washington, D. C.; Col. Russel Lee (MC)

First Air Force: Headquarters, Mitchell Field, Long Island, New York, Major Frank W. Parker (MC)

Second Air Force: Headquarters, Colorado Springs, Colorado, Major John A. Norton (MC)

Third Air Force: Headquarters, Tampa, Florida, Captain Hugh G. Clark (MC)

Fourth Air Force: Headquarters, San Francisco, California, Major William H. Bennett (MC)

Eastern Flying Training Command: Maxwell Field, Alabama, Major O. M. Stout (MC)

Central Flying Training Command: Randolph Field, Texas, Lt.-Col. Louis B. Arnoldi (MC)

Western Flying Training Command: Santa Ana, California, Major E. L. Tversky (MC)

Army Air Forces Proving Ground Command: Eglin Field, Florida, Captain Harry J. Ireland (MC)

Army Air Forces Technical Service Command: Headquarters, Wright Field, Dayton, Ohio, Major W. L. J. McDonald (MC)

Army Air Forces Troop Carrier Command: Headquarters, Stout Field, Indianapolis, Indiana, Captain Louis Morgan (MC)

Army Air Forces Air Transport Command: Headquarters, Washington, D. C., Lt.-Col. Joseph S. McDaniel (MC)

Army Air Forces Center: Orlando, Florida, Major A. L. Stebbins (MC)

Army Air Forces Personnel Department Command: Headquarters, Gibbs-Inman Building, Louisville, Kentucky, Captain Paul Levan (MC)

* Where no name is given, address VD Control Officer at the address given.

Navy VD Control Section Has New Chief; Announces District and Deputy VD Control Officers.—Commander John W. Ferree, MC-V(S), USNR, State Health Commissioner of Indiana on military leave, has been appointed Officer in Charge, VD Control Section, Preventive Medicine Division, Navy Bureau of Medicine and Surgery, succeeding Commander Walter H. Schwartz, MC-USN, who was recently assigned to sea duty. Comdr. Ferree joined the Navy Medical Corps in 1942, serving at the Marine Barracks, Parris Island before taking the Navy course in VD control at Johns Hopkins. Subsequently he served as VD Control Officer at stations in Grosse Ile, Michigan and Kansas City, Missouri, and was VDCO for the 13th Naval District, Seattle, Washington, for several months before his new appointment.

Commander Ferree reports the following current assignments at headquarters and of Naval District VD Control Officers and Deputy VD Control Officers. Of the latter, 23 of some 40 to 50 such assignments intended, have so far been made.

Venereal Disease Section, Preventive Medicine Division, Navy Bureau of Medicine and Surgery, 19 and E. Capitol St., N.E.,
Washington 25, D. C.
Headquarters Staff

Commander John W. Ferree, MC-V, USNR, *Officer in Charge*

Lieutenant (sg) Howard W. Ennes, Jr., H(S), USNR

Naval Districts

First Naval District: Headquarters, North Station Office Building, 150 Causeway Street, Boston 14, Mass. *VDCO:* Comdr. E. C. Smith, MC-USNR; *Deputies:* Ensign D. J. McDede, H(S), USNR, and Ensign W. E. Hooper, H(S), USNR.

Third Naval District: Headquarters, Federal Office Building, 90 Church Street, New York 7, N. Y. *VDCO:* Comdr. Samuel Tripler, MC, USNR; *Deputies:* Lt. (jg) W. G. Gould, H(S), USNR,* and Ensign M. T. Vreeland, H(S), USNR.

Fourth Naval District: Headquarters, Building 4, Navy Yard, Philadelphia 12, Pa. *VDCO:* Lt. Comdr. E. J. Muldoon, MC, USNR; *Deputy:* Ensign C. H. Wendel, H(S), USNR.

Fifth Naval District: Headquarters, Naval Operating Base, Norfolk 11, Va. *VDCO:* Captain R. B. Henry, MC, USN Ret.; *Deputies:* Ensign L. E. Plank, H(S), USNR, and Ensign J. G. Stone, H(S), USNR.

Sixth Naval District: Headquarters, Fort Sumter Hotel, Charleston, So. Car. *VDCO:* Lt. Comdr. H. W. Reed, MC, USNR; *Deputy:* Lt. (jg) F. L. Wallis, H(S), USNR.

Seventh Naval District: Headquarters, 1119 du Pont Bldg., Miami 32, Fla. *VDCO:* Comdr. K. H. Smith, MC, USNR; *Deputy:* Ensign S. B. Shattuck, H(S), USNR.

Eighth Naval District: Headquarters, New Federal Building, New Orleans 12, La. *VDCO:* Comdr. B. V. D. Scott, MC, USN Ret.; *Deputies:* Lt. (jg) E. S. Keasler, H(S), USNR; Ensign K. T. Krantz, H(S), USNR; Ensign W. H. Chapman, H(S), USNR, and Ensign W. E. Davis, H(S), USNR.

* Formerly of ASHA staff.

Ninth Naval District: Headquarters, Naval Training Center, Great Lakes, Ill.
VDCO: Lieut. J. L. Ward, MC, USNR; *Deputies:* Lt. (jg) F. R. Kearney, H(S), USNR, and Ensign Allen Spett, H(S), USNR.

Eleventh Naval District: Headquarters, Naval Operating Base, San Diego 30, Cal.
VDCO: Comdr. M. C. Leider, MC, USNR; *Deputies:* Lt. (jg) Louis Monferino, H(S), USNR; Lt. (jg) W. V. Bridges, H(S), USNR, and Lt. (jg) C. W. Flood, H(S), USNR.

Twelfth Naval District: Headquarters, Federal Office Building, Civic Center, San Francisco 2, Cal. *VDCO:* Comdr. T. A. Fears, MC, USNR; *Deputies:* Lt. (jg) N. E. Bradford, H(S), USNR; Lt. (jg) P. D. Jones, H(S), USNR, and Ensign H. E. LaPlount, H(S), USNR.

Thirteenth Naval District: Headquarters, Exchange Building, Seattle 14, Wash.
VDCO: Comdr. L. L. Mackenzie, MC, USNR; *Deputy:* Ensign David Parks, H(S), USNR.

Fourteenth Naval District: Address Fleet Post Office, San Francisco, California.
VDCO: Comdr. I. D. Litwack, MC, USN Retired.

Potomac River Naval Command: Headquarters, Navy Yard, Washington 25, D. C.
VDCO: Lt.-Comdr. I. M. Kruger, MC, USNR; *Deputy:* Lt. (jg) E. P. Wells, H(S), USNR.

U. S. Public Health Service District Directors and VD Control Officers Listed.—Dr. John R. Heller, Jr., Chief, VD Division, USPHS, announces the following present list of VD Division headquarters staff, District Directors and VD Control Officers, and Liaison Officers with Army Service Commands:

**Venereal Disease Division: Headquarters Staff, Washington, D. C.
 Bethesda Station**

Medical Director John R. Heller, Jr., *Chief*
 Senior Surgeon Eugene A. Gillis, *Assistant Chief*
 Surgeon Thomas H. Diseker
 Lida J. Usilton, *Principal Statistician*
 Judson Hardy, *Education Specialist*
 Mrs. Eleanor Walker, *Administrative Assistant*

a. Public Health Service District Directors and District VD Control Officers

District No. 1: Sub-Treasury Building, 15 Pine Street, New York, N. Y.
Director: Medical Director E. R. Coffey; *VD Control Officer:* Surgeon Erwin C. Drescher.

District No. 2: National Institute of Health, Bethesda, Maryland. *Director:* Medical Director Winfield K. Sharp, Jr.; *VD Control Officer:* Surgeon Robert L. Zobel.

District No. 3: Rm. 852, U. S. Customhouse, 610 South Canal Street, Chicago, Illinois. *Director:* Medical Director F. V. Meriwether; *VD Control Officer:* Surgeon John A. Lewis.

District No. 4: 1307 Pere Marquette Building, New Orleans, Louisiana. *Director:* Medical Director C. C. Applewhite; *VD Control Officer:* Surgeon Clarence A. Smith.

District No. 5: 1223 Flood Building, San Francisco, California. *Director:* Surgeon Edwin N. Hesbacher.

District No. 6: San Juan, Puerto Rico. *Director:* Medical Director R. A. Vonderlehr.

District No. 7: 215 West Pershing Road, Kansas City, Missouri. *Director:* Medical Director Estella F. Warner; *VD Control Officer:* Surgeon Arthur B. Price.

District No. 8: 617 Colorado Building, Denver, Colorado. *Director:* Medical Director Fred T. Foard.

District No. 9: 831 Mercantile Bank Building, Commerce at Ervay Sts., Dallas, Texas. *Director:* Medical Director K. E. Miller.

District No. 10: Territorial Board of Health, Honolulu, T. H. *Director:* Medical Director Robert H. Onstott.

District No. 11: Juneau, Alaska. *Director:* Medical Director E. W. Norris.

b. Public Health Service Liaison Officers for U. S. Army Service Commands *

First Service Command: Boston Army Base, Boston, Massachusetts. No assignment.

Second Service Command: Governor's Island, New York. Senior Surgeon Albert E. Russell.

Third Service Command: U. S. Post Office and Court House, Baltimore, Maryland. Senior Surgeon F. W. Kratz.

Fourth Service Command: Post Office Building, Atlanta, Georgia. Medical Director Joseph Bolten.

Fifth Service Command: Fort Hayes, Columbus, Ohio. No assignment.

Sixth Service Command: Medical Branch, 20 N. Wacker Drive, Chicago, Illinois. Senior Surgeon Adolph Rumreich.

Seventh Service Command: 320 Faidley Building, Omaha, Nebraska. Medical Director Lon O. Weldon.

Eighth Service Command: 831 Mercantile Bank Building, Commerce at Ervay Sts., Dallas, Texas. Medical Director Knox E. Miller.

Ninth Service Command: Fort Douglas, Utah. Senior Surgeon A. V. Deibert.

Social Protection Director Announces Staff Assignments.—Thomas Devine, Director of the Social Protection Division, Office of Community War Services, Federal Security Agency, announces the following current list of assignments of headquarters and field staff:

Social Protection Division, Federal Security Agency, Social Security Building
Washington 25, D. C.

Thomas Devine, *Director*

B. Leo Wilson, *Associate Director*

Anna H. Clark, *Executive Assistant*

Mrs. Florine J. Ellis, *Social Treatment Specialist* (See Region VII)

Charles J. Hahn, *Specialist in Law Enforcement*

Mrs. Althea O'Hanlon, *Organizations Specialist*

Edward V. Taylor, *Negro Specialist* (See Region II-III)

Mrs. Ruth Sadler, *Information Specialist*

Mrs. Marystina Santiestevan, *Information Specialist*

* Mail address follows this style: Senior Surgeon O. F. Hedley, U. S. Public Health Service Liaison Officer, First Service Command, U. S. Army, Boston Army Base, Boston, Massachusetts.

(Full titles read, respectively: *Regional Social Protection Representative* and *Social Protection Representative*.)

Region I: 120 Boylston Street, Boston 16, Massachusetts. **Regional Representative:* Robert F. Ott; *Representative:* Miss Cecilia T. McGovern.

Region II-III: 11 West 42nd Street, New York 18, N. Y. *Acting Regional Representative:* Thomas E. Connolly; *Representative:* Miss Jule Bouchard; *Negro Specialist:* Edward V. Taylor.

Region IV: 1623 L Street, N. W., Washington 25, D. C. *Regional Representative:* James S. Owens; *Representatives:* Miss Margaret MacGregor and Thompson R. Fulton.

Region V: 925 Euclid Avenue, Cleveland 14, Ohio. *Regional Representative:* John F. Williams; *Representative:* Walter A. Hixenbaugh.

Region VI: 188 West Randolph Street, Chicago 3, Illinois. *Regional Representative:* Howard F. Feast; *Representatives:* Angus P. Thorne and Weldon B. Wade.

Region VII: Lullwater Building, 441 West Peachtree Street, Atlanta 3, Georgia. *Acting Regional Representative:* John C. Huskisson; *Representatives:* Leo Andrews, Mrs. Florine Ellis, Harold S. Reeves, Charles R. Gillespie, and Leander G. Blackus.

Region VIII: Midland Bank Building, Minneapolis 1, Minnesota. *Regional Representative:* Martin J. Lahart.

Region IX: 1006 Grand Avenue, Kansas City 6, Missouri. *Regional Representative:* Alfred D. McLarty.

Region X: 912 Maverick Building, San Antonio 5, Texas. *Regional Representative:* Whitcomb H. Allen; *Representatives:* Howard M. Slutes and Franklyn C. Hochreiter.

Region XI: 311 Equitable Building, 730 17th Street, Denver 2, Colorado. *Regional Representative:* Ferdinand A. Bahr.

Region XII: 785 Market Street, San Francisco 3, California. *Regional Representative:* Edwin J. Cooley; *Representatives:* Herman A. Buckner, Barent Burhans, John W. Sears and Frank G. Straka.

Territory of Hawaii: 434 Dillingham Bldg., Honolulu 16, T. H. *Territorial Representative:* Hubert E. Brown.

* Mail address follows this style: Mr. Robert F. Ott, Regional Social Protection Representative (or merely "Social Protection Representative"), Federal Security Agency, 120 Boylston Street, Boston 16, Mass.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Alaska: Social Hygiene Day in Juneau.—Word has recently been received from Miss Margaret Welsh, Public Health Nurse in Juneau, of a Social Hygiene Day observance sponsored by the Juneau Public Health Center.

After calling for the greatest possible community support, a forum was broadcast over station KINY on the evening of February 7th in which four members of the community, interested in various phases of the program, participated. This forum discussion had as its speakers Mrs. M. O. Johnson, member of the Juneau Women's Club; Mr. Robert Treat, clergyman; Mr. Frank Hermann, pharmacist, and Miss Welsh.

A part of the observance included a window display in the Juneau Drug Store showing types of drugs used in the treatment of syphilis and gonorrhea.

District of Columbia: Washington Reports on Progress.—The May issue of the District Society's *Social Hygiene News and Views* is the Annual Report issue and contains a lively account of the problems and programs of that very active organization. The cover page carries one of the verses with which Ray Everett, the Society's Executive Secretary, lightens and sweetens his communications to the public. "Once every annum must come a report," says Mr. Everett philosophically,

"So wipe off your 'spees' with a fresh bit of tissue—
For now is the time, folks, and this is the issue."

Since the writer of these "notes from all over" has begun by quoting Mr. Everett's light verse, perhaps she may be allowed to continue by citing the couplets that he used to introduce the more solid fare, as an indication of the content of his report. Here goes:

"Though never grasping for renown,
The program really went to town."

(This modest introduction prefaces a report on Washington's remarkably effective Social Hygiene Day observance in February, the "banner month," and the stepping up of all its activities throughout the year to meet the challenge of wartime problems.)

"Hail to Thee, Statistics,
Hallowed realm of mystics."

(Lectures, attendance, personal service, education by publicity—the total number of units of work under each of these headings is impressive.)

"Patients can be cured and some continued 'on the beam'
When doctor nurse and social worker practice as a team."

(Teamwork is gaining ground for the Washington program, but much ground is still to be taken—practice, as always, will make perfect.)

"It's fine to be cured of a bodily ill,
But social adjustment's more difficult still."

(The District of Columbia Social Hygiene Society has a Committee on Rehabilitation, which works closely with the Health Department's medical, nursing, and social service personnel at the District's Rapid Treatment Center to aid in restoring the patients to normal social life after completion of treatment. Not all such patients can be returned to normal living but from 30 to 40 per cent of them are helped, says Mr. Everett.)

"Home and school are asking now
What to tell the child—and how!"

(Sex education has always been and still is a vital part of the District Society's program—its executive is serving this year as Social Hygiene Chairman of the District of Columbia Congress of Parents and Teachers, thus helping to carry the program to an ever-increasing proportion of the interested and responsible members of the public.)

"In this country of the free
Emotions oft' go on a spree"

(Hysteria over juvenile delinquency, says Mr. Everett, has been succeeded by a program of constructive thought and action, with understandable improvement in the local picture.)

"Some matches light but others fade;
Trained marriage counsel is an aid."

(The Society's marriage counsel service includes premarital counseling and post-marital cases. Some 237 clients received aid and advice in their marital problems during the past year.)

"And the fight with prostitution
Is no conflict Lilliputian"

(Commercialized prostitution is and has been a serious problem for Washington—as for many other American cities. The police have been successful in reducing it to a relatively low level, although conditions are not yet entirely satisfactory. There is still work for the District Society, the District Police Department, and law enforcement and social protective services generally.)

"'A weakened link can wreck the chain'—
Though old, this is a true refrain"

(This couplet introduces a discussion of current District venereal disease regulations, which the Social Hygiene Society views as inadequate and not up to the life-saving task they have to do.)

"After the victory 'over there'
Let's not drift into laissez faire"

(First-rate advice from the first city of the land. Other cities please copy.)

A final warning of post-war possibilities:

"'Twould be nice if prostitution, sexual delinquency, and the spirochetes and gonococci all demobilized when victory over the Axis is won. But they won't. Congress, State legislatures, and far too many of the Nation's citizens were lulled to sleep by that belief after World War I with the result that venereal disease control along with other aspects of the program had their support cut out from under them and we saw the toll from disease and community laxity take a rapid rise.

"Forewarned, we should be forearmed. Here are the major possibilities that social hygiene in Washington and elsewhere should strive to prevent:

"(1) Lessening or withdrawal of public and voluntary funds and personnel essential to a vigorous and efficient program, i.e., clinic, laboratory, nursing, police, social service, and education.

"(2) Any lowering of diagnostic, treatment, case-finding, and case-holding standards in dealing with syphilis and gonorrhea.

"(3) Any letdown in efforts to repress prostitution and to provide the kind of social protection and trained guidance in school, home and church that are vital weapons in fighting prostitution—commercialized or casual."

The Officers and Board members of the Society include: Dr. H. H. Hazen, President; Rhoda J. Milliken, 1st Vice President; Albert W. Atwood, 2nd Vice President; Mrs. Lawrence Martin, Secretary; George W. Creswell, M.D., Treasurer; Ralph G. Beachley, M.D.; James V. Bennett; Mrs. Evelyn B. Buckley; Mrs. Henry G. Doyle; James Harold Fox; Maj. Gen. M. W. Ireland; Elizabeth Kittredge, M.D.; Ella Oppenheimer, M.D.; R. A. Vonderlehr, M.D.; Lida J. Usilton; Mrs. Eleanor N. Walker; W. W. Wheeler; Edith S. Coale, M.D.; Paul B. Cornely, M.D.; Lewis C. Ecker, M.D.; V. L. Ellicott, M.D.; F. H. Kenworthy; Robert Scott Lamb, M.D.; B. J. McKelway; Watson Miller; Beatrice Mullin; Merlo J. Pusey; Vincent Saccardi; Esther Scott; D. L. Seckinger, M.D.; Mrs. Walter Ufford; Judge Fay L. Bentley; Mrs. P. C. Ellet; Dorothy B. Ferebee, M.D.; Russell J. Fields, M.D.; William P. Herbst, M.D.; Mrs. George Cabot Lodge; Lucia Murchison; John O'Roarke; Winfred Overholser, M.D.; Mrs. Eleanor Patterson; Mrs. Stanley Reed; Joseph Sanders; Mrs. Ernest Warren; G. C. Wilkinson.

Committee members and consultants include: Mrs. C. F. Alexander; Mrs. M. Virginia Allan; Mrs. Susan Baker; Norvel Belt, M.D.; Gertrude Bowling; Rev. Warren G. Borman; Ruth Brong; Roscoe Brown, M.D.; W. A. Browne, M.D.; Inez L. Cadel; W. W. Cardoza, M.D.; Mrs. Mildred Carr; Morris Chase, M.D.; Valerie Chase; Virginia Clary; Margaret Cummings; A. Madorah Donahue; Charles F. Farmer; Mrs. Mackall Fetzer; C. Wendell Freeman, M.D.; Roland Gable, M.D.; Bea Gelbman; F. G. Gillick, M.D.; Donald Gray; Elizabeth Harvey; E. B. Henderson; Clara Herbert; Gwen Hurd; Melvin P. Isaminger; Frank Jones, M.D.; Valerie Justice; Grace G. Keech; Mrs. Chastina Kendall; Mrs. Mildred Kilinski; Mrs. Mary Jane Kinzer; Gertrude Koeneman; Mrs. Blanche LaDue; Wilber LaRoe; Margaret Ludden; Mrs. Marjorie N. Mayer; Frances McKeek; Florence Murray; James A. Nolan; Mrs. H. Norman; Mrs. Katharine Norton; Mrs. Dalla Oakes; Sidney Olansky, M.D.; Mrs. Margaret Osterman; Mrs. Josephine Prescott; Herbert Ramsey, M.D.; Mrs. Alice Sheldon; Wm. Charles White, M.D.; Theodore Wiprud; Linda Woods.

Indiana: Fort Wayne Observes Social Hygiene Day.—Among Social Hygiene Day reports which are still coming in to the national office is one from Clem J. Steigmeyer, Secretary of the League Against Venereal Diseases, telling of varied activities in observance of that Day. A large public mass meeting sponsored by the League in cooperation with the Fort Wayne Medical Society and the Board of Public Health, was held on the evening of February 7th at the Shrine Theater. The meeting was opened by A. G. Burry, President of the League. Doctor Karl C. Eberly, City Health Commissioner, presided as permanent chairman and the following persons appeared as speakers:

Doctor George W. Bowman, Director of Venereal Disease Control, Indiana State Board of Health; Doctor Paul Bailey, Allen County Health Commissioner; Major Frank R. Neff, Baer Field Flight Surgeon. The program concluded with a showing of the A.S.H.A. motion picture *Our Job to Know*. For two nights immediately before Social Hygiene Day, six radio speakers were on the air.

One of the outstanding features of Fort Wayne's observance was the excellent newspaper publicity which preceded the meeting for a period of ten days. This publicity included a continuous campaign of newspaper articles, notices and cartoons for that period. The Fort Wayne *News-Sentinel*, it will be remembered, published one of the first newspaper cartoons on this subject, in honor of Social Hygiene Day in 1937.

Kansas VD Rehabilitation Program for Selective Service Candidates.—The twenty-first biennial report of the Kansas State Board of Health includes in its description of work done by the Division of Venereal Diseases for the period July 1, 1940 to June 30, 1942, an interesting example of the success of rehabilitation efforts among Selective Service candidates found to be infected with syphilis:

Ninety-five selectees rejected for syphilis were first worked with, and at the present time the program has expanded to affect 950 men.

In this program we have a positive factor to work with, in that we have a definite diagnosis of syphilis made through blood tests performed by the public health laboratories in Kansas. Army examining physicians have been reporting cases of syphilis to the State Board of Health through this procedure.

The public health laboratories routinely turn in copies of all serological reports to the Division of Venereal Diseases. When we have received two positive serological reports, the rehabilitation service then prepares to make the initial contact with the rejected selectee. This is done through prearrangement with the local board. The method involved follows: An envelope is prepared for the individual in which there are three items; a letter explaining his condition, a confidential information blank upon which he can indicate what physician he would like to have provide treatment, and by which he releases all information to our service, and a franked envelope addressed to the State Board of Health. This envelope is sent to the local board clerk, who then sends out a correspondence card instructing the selectee to report to his local board.

When the rejectee appears before the local board the clerk hands him the envelope concerning these items, with instructions to "read one of the blanks and sign the other." After this has been done, he is asked to put this blank into the return envelope and hand it back to the clerk, who then mails it to this office.

When this form is received a copy is made and sent to the follow-up agent, who will assist the individual as is indicated in the blank. If the individual says he will go to his physician, the physician is called upon and necessary information compiled on a medical report blank. Often it takes individual visitation to secure the complete cooperation of the selectee. If he is in need of indigent assistance, this is provided through whatever local set-up is available. When he can provide his own medical treatment he is encouraged to do so.

This plan has worked 100 per cent effectively for all individuals who can be reached by their local board. Physicians who have worked with the program find it satisfactory, as there is a regular follow-up of treatment to determine whether or not he is delinquent. This follow-up is sent out every four months, following each investigation. It is the intention of the service to continue with this plan.

This program has resulted, as of June 30, 1942, in the bringing of 367 infected men under the care of their physicians, and records acknowledging this fact have been accumulated. This group is constantly growing with the increased call for young men into army service. Laboratory reports are now coming into this office at a rapid daily rate. These reports come in as high as 10 a day and will average 50 reports a week. A stenographer is in charge of this specific work, and the reports are sent out almost as rapidly as they come into the office, but even at this rate we still find that about 30 per cent of these men are out of the state.

Counties cooperating with this program include those having the highest rate of selectees rejected for syphilis. This rate is chiefly in counties having large urban population. There have been 1,595 men rejected up to June 30, 1942, for "syphilis," and of these, 60 per cent or 950 should benefit from this service, eventually. Counties co-operating are: Butler, Cherokee, Geary, Johnson, Labette, Leavenworth, Montgomery, Reno, Riley, Saline, Sedgwick,

Shawnee, and Wyandotte. An interesting note in regard to this program is the fact that 63.6 per cent of these men did not know they had syphilis prior to this investigation.

Dr. F. C. Beelman, Secretary and Executive Officer of the State Board, says that the work is now being carried on largely through VD investigators, since those in charge of the program, including Dr. Robert H. Riedel, now a Major in the Army Air Forces, were taken into service.

Kentucky: Four Communities Hold Social Hygiene and Health Conferences.—A series of all-day meetings sponsored by the Social Hygiene Association of Kentucky, the State Department of Health of Kentucky and the ASHA to consider social hygiene problems and community action was held during the first week of May in the cities of Bowling Green, Ashland, Owensboro, and Paducah.

Local sponsorship included the Kiwanis, Lions Club, Junior Chamber of Commerce, the Ministerial Association, the American Legion Auxiliary, Knights of Columbus, Rotary Club, Women's clubs, youth and youth serving agencies, American Red Cross, business and professional groups, local radio stations, hospitals, boards of education and other interested agencies.

A team of five persons spoke on the conference programs: Doctor Percy S. Pelouze, Consultant USPHS, on *Medical Phases of Community Progress*, Doctor John R. Pate, President Social Hygiene Association of Kentucky, on *What Is Social Hygiene*; Mrs. Dorothy Lawson, Field Representative, Social Protection Division, Federal Security Agency, on *Social Problems*; Miss Elizabeth Broecker of the Louisville and Jefferson County Children's Home, on *Social Hygiene and the Child*; and Mrs. Esther E. Sweeney, ASHA Field Representative, on *Education and Community Aspects*. Each conference was followed by a discussion panel, which included some of the visiting speakers as well as local leaders.

A visitor who attended all of these meetings reports that "each one was better than the last." It is encouraging to hear of the interest shown at these community gatherings, the prime responsibility for the arrangement of which was carried by Miss Margaret Flynn, Executive Secretary of the Social Hygiene Society of Kentucky.

New Jersey: State Tuberculosis League Reports Progress in Social Hygiene Program.—Activities of the Social Hygiene Committee of the New Jersey Tuberculosis League were recently summarized by Edna Young Bond, School Health Education Director of the League, as follows:

"The State Tuberculosis League's Social Hygiene Committee is made up of approximately 30 representatives of official and voluntary health and welfare agencies, and other individuals interested in the various phases and manifold problems of social hygiene.

"The Committee has stated its philosophy to be the 'protection and improvement of the American family as the basic social institution.' It recognizes four avenues of approach to the achievement of its purpose (a) medical and public health activities, (b) legal and protective activities, (c) social hygiene education in the community, and (d) social hygiene education in the school. Since (a) and (b) are the accepted activities of official agencies, the New Jersey Tuberculosis League has committed itself to an educational program embracing (c) and (d). However the state-wide Social Hygiene Program is integrated, and official and voluntary agencies work together and have inter-committee representation.

"The educational program includes *Education in Venereal Diseases*, and *Education for Family Life* (Sex Education) which is promoted through the 21 county affiliated tuberculosis organizations.

"The following activities indicate only those which affiliated tuberculosis associations have initiated or in which they have participated: (It will be understood that other phases of the state-wide Social Hygiene Program and interrelated activities are developed by other agencies such as County Health and Welfare Departments, local Boards of Health, Social Protection Committees, Pharmaceutical Associations, the New Jersey Congress of Parents and Teachers, and the Advisory Committee on Social Hygiene Education to the State Department of Public Instruction.)

"Essex County organized two institutes on 'Personal and Social Guidance,' one for teachers, pastors, parents, and community leaders, and the other for youth groups. Registration was limited to 60 and both institutes maintained a large attendance. The six lectures of the first institute, and the four of the second were led individually by outstanding leaders in the field.

"Middlesex and Bergen Counties each organized six and four lecture institutes respectively on *Family Life Education*, and both reported an attendance which approximated the required registration of 50. These institutes also were led by specialists in the field of social hygiene education.

"Morris County planned five lectures on *Preparation for Marriage and Parenthood* for the first year health education classes of Drew University (Women's College). Out of a discussion on *Juvenile Protection* planned by the Morris County Tuberculosis and Health Association developed interest for the organization of a Youth Center. A parent-teacher association in Morris County sponsored and carried forward the project.

"With the exception of 6 counties all reported extensive distribution of pamphlets on venereal diseases, and sex education; the showing of films; and talks to: parent-teacher associations, women's clubs, branches of the National Council of Jewish Women, teacher groups, Negro Fraternal organizations, parent education study clubs, youth groups at centers such as Y.W. and Y.M.C.A.'s, church groups and congregations, political, social and civic groups, housing center audiences, Labor Unions, Lodges, and Auxiliaries, and Visual Aid Institutes for school administrators."

The Social Hygiene Committee has recently been enlarged and now includes the following persons: Honorary Chairman, Dr. Robert Clothier, President of Rutgers University; Chairman, Glenn S. Usher, M.D., Chief, Bureau VD Control, New Jersey State Department of Health; Executive Secretary, Ernest D. Easton; Mrs. Richard S. Bethell, Deputy Director in Charge of Community War Services, Trenton; Edna Young Bond, School Health Education Director, Newark; Jule T. Bouchard, Social Protection Committee, N. Y.; Mrs. Oswald Carlander, Had-donfield; Dr. A. J. Casselman, Consultant, Bureau VD Control, State Department of Health, Trenton; John J. Debus, Secretary, N. J. Pharmaceutical Association, Trenton; Lula P. Dilworth, Associate in Health and Safety Education, N. J. State Department of Public Instruction, Trenton; Evelyn Dubrow, Asst. to the President, N. J. State Industrial Union, Newark; Mrs. Albert Gardner, Vice-President, N. J. Tuberculosis League; Dr. Wilson G. Guthrie, Director, Health, Safety and Physical Education, State Department of Public Instruction; H. T. Hollingsworth, Supt. of Schools, Bloomfield Public Schools; Dr. H. F. Kilander, War Food Administration, N. Y.; Allan Krim, President, N. J. Recreation Association, Newark; Dr. Mabel Grier Lesher, School Physician, Camden; Very Reverend Arthur C. Lichtenberger, Trinity Cathedral Church, Newark; Dr. Baxter A. Livengood, Chairman VD Committee, N. J. State Medical Society; William H. MacDonald, Chief, Local Health Administration, Trenton; Douglas H. MacNeil, Ph.D., Asst. Director, Division of Statistics and Research, N. J. State Department of Institutions, Trenton; Charles F. Marden, Ph.D., Field Representative, ASHA; Dr. E. A. Robinson, Chairman VD Committee, N. J. State Medical Association, Trenton; Mrs. Harold D. Steward, President, N. J. Congress of Parents and Teachers, Trenton; Dr. J. Earle Stuart, Consultant, Negro Health Program, N. J. State Department of Health, Trenton; W. R. Valentine, Principal, Bordentown Training School, Bordentown.

Ohio: Cincinnati Social Hygiene Society and Public Library Gain National Recognition through Reading Lists.—JOURNAL readers will recall in the June, 1944, issue the interesting article describing cooperation of the Reader's Bureau, Cincinnati Public Library and the local Social Hygiene Society in preparing and distributing a selective reading list, *Graded Readings in Sex Education*.¹ Mr. Roy E. Dickerson, CSHS Executive Secretary, now sends in the following excellent progress report on this project:

"The public library has had requests for copies of the reading lists from 174 cities in 38 states, the Territory of Hawaii and Canada. They came from 201 different organizations for a total of 607 copies. Among these organizations were 6 Army and Navy stations, 19 high school libraries, 3 state departments of public instruction, 2 life insurance companies and several nation organizations interested in health physical education or education for marriage and family life.

"That part of the reading list designed for high school young people was reprinted separately for distribution to 1,800 high school seniors in connection with the Pre-induction Program carried on by the Board of Education.² This is the second year that such distribution has been made.

"Altogether more than 10,000 copies of the full list have been given out by the library and our Society. The cost of publishing the first 10,000 copies was borne by the Library, and the Society has shared in costs of reprints beyond that number." (Copies of the *Graded Reading List* may be obtained by addressing the Cincinnati Social Hygiene Society at 312 West Ninth Street, Cincinnati 2, Ohio, or to the Reader's Bureau, Cincinnati Public Library.)

Puerto Rico: Mayaguez Organizes Social Hygiene Committee.—Mayaguez, third largest city on the Island of Puerto Rico (situated on the West Coast, population 50,000) has also become the third Puerto Rican Community to establish a local social hygiene committee. This occurred at the recommendation of a group of representative citizens, following a demonstration of community interest in a five-day civilian education program conducted during the week of May 7th.

The program, which was arranged by ASHA Field Representative Kenneth R. Miller, was undertaken following preliminary visits in April, and conferences with Army VD Control Officers, the Provost Marshal, Chaplain and others at nearby Borinquen Field, with officers of the Coast Guard Station, and with the Mayor, Chief of Police, Health Officer, and members of community and civic groups. During the five-day event, through the cooperation of the Insular Department of Health, the District Office of the U. S. Public Health Service, and other Insular and local agencies, speakers addressed twenty-two Mayaguez groups, with a total of about 2,500 persons, and including schools, church groups, industrial workers, and clubs and fraternal organizations. Films were shown, exhibits of posters and photographs displayed, radio broadcasts given, and 5,000 pieces of literature distributed. Pharmacies provided counter displays, and the other usual features of such a program were carried through with enthusiasm.

An immediate result was seen in the applications for blood tests, although this was not especially urged, by more than 100 persons during the week of the program. Plans for continuing community effort were effected through a meet-

¹ *A Library and a Social Hygiene Society Cooperate.* Pauline J. Fihe, Viola Wallace and Jean Thomas, Head and Assistants, Reader's Bureau, Cincinnati Public Library. Journal of Social Hygiene, June, 1944.

² *Pre-induction Course for High School Students.* Roy E. Dickerson. Journal of Social Hygiene, April, 1945. Reprinted as Pub. ASHA. A-597. 5 cents.

ing of representative persons, called by Mayor Barreto, on May 23, when a report on the educational program was presented, and a resolution adopted urging formation of a local committee. Dr. Carlos Suarez, well known on the Island for his activity in community and social matters, was elected chairman, and six sub-committees, with the following chairmen, were appointed: Public Information, Sra. Matilda Berrocal; Legal Measures, Ldo. Eduardo A. Ruiz; Medical Measures, Dr. Emilio Caban; Youth, Sr. Augusto Valentin; Industrial Cooperation, Sr. Ramon Rullan. The latter aspect of community work is especially important in Mayaguez, since a majority of employed persons of the community work in the needlework trades. With the active cooperation of the Insular Department of Labor and industrial management, a definite program for worker health is taking shape.

Mayaguez is a comparatively prosperous, well run city, and the prospects for continuing effective social hygiene work should be good.

South Carolina: Greenville Evaluates Rehabilitation Program for Women.—*An Evaluation of Social Service to Delinquent Women* is the title of an 88-page mimeographed report published by the Atlanta Office of the Social Protection Division, dealing with the results of this service in relation to the first 100 women referred to Greenville social agencies by the Municipal Court. The *Social Protection Bulletin* for April 27, 1945, summarizes the report as follows:

"In Greenville, S. C., courts, law enforcement and social agencies are proving that sexually delinquent girls and women can get a fresh start—and use it. The program, which took root at a meeting between law enforcement officials and the welfare section of the Citizen's Social Protection Committee, is simple and direct—and completely dependent on joint action. As it operates, Judge Richardson, of the Municipal Court, refers to Helen J. Lewis, Executive-Case Supervisor of the Family Welfare Society, those girls and women who he thinks can benefit from social services; she in turn interviews and screens them and refers them to a social agency.

"To evaluate the program, Florine J. Ellis and Earle G. Lippincott, Social Protection representatives, together with Mrs. Lewis, have published an account of the first hundred cases thus referred. It is a detailed, careful study, charged with implications for the future handling of delinquent girls. It explodes, for one thing, the popular notion that most sex offenders today are fly-by-night transients, unhappy adjuncts to wartime upheavals; 63 of these girls were legal Greenville residents. It demonstrates, in the second place, the factors responsible for delinquent behavior. Thirty-eight of these girls were from broken homes, 20 were involved in family and 9 in marital conflict, and 11 had made hasty and insecure marriages to soldiers. Four had advanced personality disturbances and 7 were feeble-minded. Most of these girls, in short, just never had a chance.

"Twenty-eight of them had venereal disease—a point worth remembering for those who say only the infected girls should be referred to social agencies. Each one of these 100 girls was a potential carrier; each one, next week or the week after, would have been infected and infected others in turn. Each one also deserved help and understanding—and in many cases asked for it. Yet if infection had been the only basis for redirection, more than three-quarters of them would not have received the care they need.

"Now, after thirteen months of operation, results have been totaled. Sixty-seven per cent of the cases referred to social agencies were definitely helped and responded to social work; this includes 25 who did well under authoritative protection—whether given by an institution or by parents. It is an impressive number.

"Nineteen of the girls made no response and preferred to 'manage for themselves,' and 14 were listed, in the cautious words of the social worker, as

'temporarily responsive—fundamentally unchanged.' These were the girls who turned quickly to a case-worker's sympathetic interest—but turned away just as quickly to the next exciting adventure: the 18-year-old placed in a church orphanage when her parents separated five years before; the 13-year-old girl, an illegitimate child rejected by her mother, arrested in a cheap hotel entertaining four teen-age boys; the youngster intrigued by her mother's career as a professional prostitute. Here, in fact, were all those whose disillusionment and cynicism went too deep for change. Of 100 girls and women, then, the cases of one-third must be written off as unsuccessful.

"As for the 67 others, reaching them at a time of crisis produced results that normally would have emerged only after years of service or not at all. And it was definitely established that the greatest response was among those whose sentences were suspended or conditionally withdrawn by joint action of court and agencies. In other words, thirty days in jail will not change the delinquent girl; shots for syphilis will not change her; six months on probation will not change her. But letting her know that the community believes in her and stands ready to help her—this, two-thirds of the time, can effect a change.

"Three final facts emphasize the significance of such a program. The first is that these 100 girls had 40 children (29 legitimate and 11 illegitimate). The implications are obvious. The second is less obvious but equally momentous, for it concerns the respect and understanding that law enforcement and welfare workers have developed for each other's functions. This report proves definitely that they can work together; that fact undoubtedly will be included on both their calendars for future action.

"As for the third result, it involves the many groups with a peripheral interest in the project. As work progressed, sympathies were enlisted, opinions altered, hostilities dispelled. Outstanding citizens, therefore, will be more willing to support the social services in the future. Thus the program means more than 67 girls headed for better living. It means a community in line for improvement."

Virginia: New Social Hygiene Society Formed in Danville.—The Danville-Pittsylvania Social Hygiene Society, organized in January 1945, has applied for affiliation with the ASHA.

The new society's first activity was planning a month-long program of social hygiene education throughout the county in February in observance of Social Hygiene Day. Plans for the future work include continuing close cooperation with health departments in the city and county as well as special educational programs for high school students, parents and teachers.

Officers of the Danville-Pittsylvania Social Hygiene Society are: Chairman, E. V. Brush; Co-chairman, John C. Simpson; Secretary, Maxine Beeston; Treasurer, J. B. Kerns.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, ASHA Committee on Inter-American Cooperation

United States-Mexico Border Public Health Association Holds Annual Conference.—El Paso, Texas, and Juarez, Chihuahua, Mexico, were the meeting-places again this year for the Third Annual Border Health Conference, May, 1945. Opening on Sunday May 13 with a meeting of the Governing Council at the Cortez Hotel, El Paso, sessions were held there on Monday, May 14th, and Wednesday, May 16th. On Tuesday, May 15th, the scene shifted to Casino Juarez, Ciudad Juarez.

General sessions were held during the morning and evening of each day, with a series of simultaneous round-table discussions occupying the afternoon hours on Monday and Tuesday. Among special events were the laying of the corner-stone of a new health center at Ciudad Juarez, and inspection trips to various health services in Ciudad Juarez and El Paso, including a visit to William Beaumont General Hospital and Biggs Field.

Special sessions were held on Maternal and Child Health, under the co-chairmanship of Miss Katharine Lenroot, Chief, U. S. Children's Bureau and Dr. Pedro Daniel Martinez, Director General de Higiene y Asistencia Infantil, of Mexico's Health Department. A round-table on Venereal Diseases, on May 15th, discussed penicillin therapy, undertook to evaluate results of the border program and laid plans for extension of the border work. Programmed co-chairmen were Dr. Enrique Villela, Chief of the Venereal Disease Control Campaign for Mexico's Department of Health, and Dr. C. J. Van Slyke,* of the U. S. Public Health Service. Secretary of this session was Dr. Jaime Velarde Thome of the Mexican Health Service.

Among principal speakers during the three days were: Dr. Gustavo Baz, Secretary of Health and Welfare of Mexico; Surgeon General Thomas Parran, U. S. Public Health Service; Mayor Anderson of El Paso; Dr. John R. Murdock, Pan American Sanitary Bureau, Washington, and Dr. Felipe Garcia Sanchez, de la Direccion General de Salubridad y Asistencia, Mexico, D. F. John Hall represented ASHA.

New officers of the US-MBPCHA are:

President, V. M. Ehlers, Austin, Texas; President-elect, Dr. Gustavo Rovirosa, Victoria, Tamaulipas, Mexico; Vice-presidents, Dr. Wilbon L. Halverson, San Francisco, California, Dr. Eduardo Gutierrez Salinas, Chihuahua; Secretary, Dr. Harold Wood, El Paso, Texas; Assistant Secretary, Andres Lasaga, Juarez, Chihuahua.

Canada: Druggists Sponsor Nationwide Campaign to "Stamp Out VD".—Mr. Joseph Lichstein, Social Hygiene Division, Health League of Canada, sends the following interesting "preliminary report" concerning the "drug-store campaign" carried on during the week of May 21-26:

* Represented by Surgeon General Parran.

"This anti-VD campaign was a joint nationwide effort of the League and the Canadian Pharmaceutical Association, in co-operation with federal, provincial, and local health departments. It was essentially a drugstore-window-display scheme, involving the nation's 3,865 drugstores with their 15,000 personnel and thousands of others in the drug trade.

Each display unit consisted of ten different items, of which five medium-sized posters (4 for window, 1 for showcase) were provided by the respective provincial governments, two druggist-doctor cards by the druggists themselves, and three items specially produced by the League. The League supplied the large central poster and window streamer, both of them in English and in French, and an artistic counter card; also envelope containers for the display kits, which had to be assembled on our premises and shipped in lots to drug wholesales, whose co-operation consisted in redistributing the kits to individual drugstores along with orders. The druggists also handed out literature supplied for the purpose by their provincial governments.

In conjunction with the project, the League produced three new 1,000-line VD advertisements in English and in French, for a national sponsored-advertising scheme in support of the campaign. These ads will be usable also all year round. Thirty-three daily newspapers (including eight French) in eight provinces carried from one to three of these ads.

To a more limited extent a *radio* sponsored-advertising scheme proposed by our publicity director received support from both English and French radio stations. The CBC gave this campaign a Trans-Canada broadcast on the Saturday before the opening, featuring Mr. H. C. Rhodes of the Department of National Health and Welfare, Miss Nora Lea of the Canadian Welfare Council, and Dr. Gordon Bates. A report of this broadcast was carried by the Canadian press. In addition, a number of druggists' associations and at least one business firm sponsored local broadcasts in various regions.

The National Film Board co-operated nationally through their representatives in many communities in the showing of VD films, particularly in industry, during the campaign. In one large Ontario city, NFB services were extended to seven nightly open-air showings—with great success.

Valuable support was received, and is being still received, from the press, from numerous drug-trade journals and periodicals, particularly from *New World*, which especially prepared and published an article in the June issue on blood testing, of which they are also presenting us with several thousand reprints from both their English and French editions. Our own weekly news releases to 500 newspapers have brought good results: many clippings are coming in.

The following rough statistics may be of interest:

Altogether about 32,000 pieces of window-display materials were distributed to the drugstores; and probably around 100,000 pieces of literature were handed out by the druggists.

A national survey to determine the extent of drugstore participation has yet to be completed, but an advance estimate puts it at a minimum of 60 percent, or easily 2,500 drugstores out of the 3,865.

To date we know of at least 22 different publications which carried, or are carrying, something on the campaign. Some of the drug-trade journals have carried articles in as many as five issues. Altogether at least forty articles, announcements, editorials, and reports have appeared to date in the 22 periodicals.

Some extremely favorable reports have already been received from different parts of the country, with many more to come, and we have reason to believe that this history-making campaign has made a tremendous contribution to public enlightenment and control of venereal disease in this country."

Canada: "Let's Talk About Health" on the Radio.—Beginning the week of June 4, a series of 13 weekly broadcasts on health topics is being released over Canadian radio stations across the Dominion. The program, prepared by the Health League of Canada, includes round-table discussions and dramatic skits, and covers the general range of community health problems.

Two programs on social hygiene are among the presentations: One on Venereal Diseases from the standpoint of medicine and public health, with Dr. L. P. Ereaux, Professor of Dermatology, McGill University, as the principal speaker, and the second, on Social and Moral Aspects of Venereal Diseases, in which the Rev. Dr. W. J. Gallagher, Secretary of the Christian Social Council of Canada joins Dr. Ereaux.

For further information concerning these and other broadcasts, address Social Hygiene Division, Health League of Canada, 111 Avenue Road, Toronto, Ontario.

Chile: Santiago Has New Hospital.—Chile's new and modernly equipped Carabineers' Hospital was inaugurated last month with ceremonies attended by the Chilean President, Juan Antonio Rios, other high-ranking government officials, Claude Bowers, United States Ambassador, and Colonel Harold B. Gotaas, Vice-President of the Institute of Inter-American Affairs.

The hospital was begun in 1936 by "Cuerpo de Carabineros de Chile," (National Police Force of Chile) and completed through cooperative agreement of the Chilean government with the Health and Sanitation Division of the Institute of Inter-American Affairs of the United States for providing equipment of furniture and technical apparatus. Members of the Carabineers of Chile instituted the movement for the hospital for benefit of members throughout the country and their families, but facilities may be provided for the treatment of patients not belonging to the police force.

The hospital is a seven-story structure with 260 beds, not more than eight in a ward. It is equipped with modern scientific and medical facilities, necessary laboratories, X-rays, a maternity section, surgery and emergency centers. The hospital staff includes medical specialists, 20 nurses, and internes from the University medical school.

At the hospital inaugural ceremonies, General don Eduardo Maldonado, director of the Carabineers, declared that Chilean history did not record any collaboration with the United States which had materialized in such palpable and generous benefits as those offered by completion of the Carabineers' Hospital. He said the project was made possible through "the vision, the cooperative and generous spirit of an eminent citizen of humanity, Franklin D. Roosevelt."

President Rios unveiled a bronze plaque in the main entrance of the hospital engraved with the national emblems of Chile and the United States, and reading: "The building of this hospital and its equipping through cooperative effort of Chile and the United States of North America are a symbol of the friendship that joins these two nations." The names of the Chilean President and of Roosevelt also are engraved on the plaque.

Mexico: Dr. Bentley Appointed Director of Benjamin Franklin Library.—Dr. Howard W. Bentley, Associate Professor of English at Columbia University and associate director of the University Press, was appointed director-librarian of the Benjamin Franklin Library, Mexico City, Mexico, some months ago.

Born in Mexico, Dr. Bentley came to Columbia for graduate study in 1925 and received his Ph.D. degree in 1932. He served on the staff of *American Speech*, a language quarterly and was its managing editor from 1932 to 1939. He is American Secretary of the Modern Humanities Research Association at Cambridge, England, has done editorial work on the Encyclopedia Britannica and is the author of *A Dictionary of Spanish Terms in English*.

Nicaragua: American Library in Managua Contributes to Pan American Understanding.—The American Library in Managua, capital city of Nicaragua, founded in November, 1942 and administered by the American Library Association and the United States Department of State as a memorial to Ruben Dario, famed Nicaraguan poet, is performing a wide variety of services as well as making a substantial contribution to Pan American understanding.

Besides serving thousands of Nicaraguans and Americans here, the Library supplies similar institutions in the United States with copies of publications issued in this country, provides a regular library service for hospitals and sponsors English classes which are among the most successful ventures ever undertaken in Nicaragua.

Approximately 8,000 people make use of the library's circulation and reference facilities in an average month. About 30 percent, according to a recent survey conducted by library officials, are interested in high-grade fiction, and the remaining 70 per cent concentrate on the reading of history, biography, travel, philosophy and the social sciences. Approximately 25 per cent of books now being borrowed are printed in English.

The library's free classes in English were organized in January, 1943, with an initial enrollment of 350 students. Although some candidates have been forced to drop out because of illness, the pressure of their work or transfer to other localities, the number of English students regularly attending class since then has hovered consistently around 300.

Other American Republics Welcome ASHA Social Hygiene Day Kits.—A number of enthusiastic comments have been received by the Pan American Sanitary Bureau regarding the Social Hygiene Day Kits of Program and Publicity Aids sent to the 20 Ministries of Health early in the year through the courtesy of the Bureau.

Among those commenting especially on the usefulness and timeliness of this material are: Carlos Enrique Paz Soldan, Lima, Peru; Dr. M. A. Vilanova, El Salvador, and Dr. L. F. Thomen, Dominican Republic.

Another supply of kits mailed by the Office of Inter-American Affairs to its Chiefs of Field Party and other representatives in the various countries supplemented and correlated the Bureau's distribution to the Health Ministries. The kits also were sent to the Bureau's nurses in the South and Central American republics.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

SOUTH OF THE MASON-DIXON LINE

Summer is here; a pause in which to evaluate our program to date and plan strategy for the critical campaign year ahead. Before closing this column until October, however, we take this opportunity to include a brief record of progress so far achieved in a section of the country particularly receptive to efforts in the VD education and control field—the South.

New Orleans, as previously reported, is laying groundwork for the launching of its industrial health committee in the fall. The health committee is receiving the support of the New Orleans Social Hygiene Association, which under the guidance of its new and energetic president, Leonard V. Huber, will include among its many activities on a statewide and city level, a VD campaign carried on directly with the trade unions. In Florida's Jacksonville the trade union bodies are preparing to reach all their members with our program; this activity to be conducted jointly with the local health department. Atlanta is following the same pattern but with indications that interest may develop in an over-all health education plan for that city's industrial workers.

EAGER FOR ACTION

In these southern communities there is an alert awareness of social hygiene problems and an eagerness to do something constructive about them. This awareness recently reached a high point in Birmingham. In this most highly industrialized and unionized city of the South, the Chamber of Commerce is calling a meeting on June 28th to explore ways and means of bringing health education to the industrial community. Philip R. Mather, of ASHA's Board, is to be the principal speaker. Concurrently, a new and strong social hygiene society is in process of organization in Birmingham. It is expected that the new society and the industrial education project will complement each other and work hand in hand.

ASHA activity in Birmingham is a logical outgrowth of the historic mass blood-testing campaign begun there on May 15th. The Association is fortunate in having added to the national staff since then John K. Williams, who was director of education, publicity and organization for the Jefferson County case-finding drive now nearing completion, and who was until he joined up with ASHA, Health Education Director for the Alabama State Department of Health.



1. AFL of Birmingham supports blood testing campaign.



2. Birmingham Chamber of Commerce goes all out for case finding survey.



3. United Mine Workers of Birmingham join syphilis survey.



4. Birmingham Junior Chamber of Commerce VD Committee endorses campaign



5. C.I.O. of Birmingham pledges membership in citywide drive.



6. Dayton, Ohio, launches a Metropolitan Health Council which will conduct a health education program in industry.

PEOPLE IN THE PHOTOGRAPHS

1 *Left to right*—Miss Thrya Christensen, Jefferson County Health Department; J. A. Jackson, President, Birmingham Trades Council; Charles H. Scruggs, President Birmingham Building Trades Council; C. E. Simpson, representing State Federation of Labor; J. L. Odum, Laundry Workers Union.

2 *Left to right*—Mrs. Pearl D. Johnson, Health Department; Frank Rushton, Jr., President; Charles F. Zukaski, Jr., Chairman, Health Committee.

3 *Left to right*—Joe Morris, President, District 5; William Mitch, President, District 20; Mrs. Thems, State Health Department.

4 *Left to right, seated*—Bill McGlathery; Charles E. Miner, ASHA field representative; Charles Wood; *Standing*—Paul Lanier, Clarence F. Boggan, Ed Mahan, Drummond Gaines.

5 *Left to right*—Mrs. Thems, State Health Department; and CIO representatives Carey E. Haigler, R. M. Poarch, M. R. Alen, W. W. Cherry, Howard mooney and A. C. Burttram.

6 *Left to right*—R. E. Gillmor, President, Sperry Gyroscope Company; Franklin R. McKeever, Community War Chest Director; O. J. Myers, Chairman, Dayton Social Hygiene Association.

The full story and the analysis of results of this significant public health demonstration is planned for inclusion in a later issue of the JOURNAL. Meanwhile, our readers will be interested in the following preliminary notes prepared by Mr. Williams.

REPORTING ON BIRMINGHAM

"In 1942, the legislature of Alabama enacted a law requiring all residents of the state in the age groups 14-50 to have a blood test to determine the presence of syphilis. The law directed that these tests be made on a county basis, at times and places designated by the State Health Department. Previous to the Birmingham survey eight rural counties had been blood tested. A relatively high rate of infection had been found, particularly among the Negro group of the population, but a wholesome, responsive attitude prevailed. *In no single instance was it necessary to make use of the police power available under the law.*

"The application of this law was a more complex problem in the city of Birmingham and Jefferson County. The County, which includes the city, is essentially an urban community with a total population of approximately 500,000. A large percentage of the people are engaged in mining, steel, production and manufacturing. Negroes make up approximately 40 per cent of the total population. About 292,000 residents of the County fall within the limits of the age group required to submit to a blood test.

"An intensive educational and publicity program was developed during the six-weeks period preceding the beginning of the county-city blood testing program. The legal requirements of the situation were kept in the background and the campaign was promoted on the basis of its being a wholesome and socially approved medical service.

"The essential interest of the trade unions and of industrial leaders in any effort to control the venereal diseases effectively is well illustrated in their response to this educational program. In the beginning, the local representatives of three major labor organizations, the American Federation of Labor, the Congress of Industrial Organization, and the United Mine Workers of America, came together, jointly endorsed the program, and agreed upon a line of activity reaching back through the locals to the individual members. A special educational consultant was provided for these groups by the State Health Department. This consultant worked under the joint direction of the three groups and the director of education and publicity for the program. All three groups participated in a number of radio broadcasts. Each group, through its state and County officers, was featured in the newspaper publicity. A special four-page folder was issued bearing the imprint and endorsement of the three organizations, and their state and local officers. One hundred thousand copies of this pamphlet were distributed by the locals to their members. The cooperation of leaders of the various locals was particularly effective in the large manufacturing plants

and in the coal and iron ore mines in the County. The three recognized labor papers in the district gave full space and cordial editorial endorsement to the program.

“On the part of management the same cooperative attitude was found. The Chamber of Commerce and the two Junior Chambers assisted actively in radio and newspaper publicity and in contacting and securing cooperation of large industrial units. Many firms accepted full responsibility for conducting the survey among their own employees, and in many cases among the families of the employees. Care was taken, where this cooperation was available and accepted, that the confidential nature of the results of the blood-testing was safeguarded. No employer was given any information directly or indirectly regarding the results. The only phase of the work involving employer information developed when it was necessary to secure cooperation for leave of absence so that an infected person could enter a rapid treatment center. In the full report of this survey now being prepared the cordial active cooperation of labor and industry is one of the most significant facts to emerge.”

A NOTEWORTHY DEMONSTRATION

Before signing off, we would like to ask the Winder Manufacturers Health Clinic, in Winder, Barrow County, Georgia, to take a bow. The six firms of this town, manufacturers of pants and furniture, have banded together to establish a central clinic to care for their fifteen hundred employees. This clinic is in charge of Eunice Chapman, a registered nurse with a health education background, who conducts physical inspection of all employees, trains first aid people in each firm and sees that pre-placement blood testing is carried out. Winder now has the services of only one physician to whom referrals are made when necessary. However, with the prospect of the release of physicians at the end of the war, the six firms of Winder are already planning to replace their cooperative clinic with an up-to-date health center. This center, as now conceived, will include a model cafeteria where the town's employees may benefit from a balanced diet.

The achievement in the little town of Winder, sponsored and nurtured by the Georgia Industrial Hygiene Service and especially by Dr. L. M. Petrie, director of that department, is a working realization of the dream of Dr. Victor Heiser and others who have long been advocating such cooperation by small firms in larger cities.

BOOK REVIEWS

Books of General Interest

SOLDIER TO CIVILIAN. Problems of Readjustment. By George K. Pratt. Foreword by George S. Stevenson. Whittlesey House, McGraw-Hill, New York. 1944. 233 p. \$2.50.

Doctor Pratt's book was the choice of *Parents' Magazine* for its nineteenth annual award for "book of the year" for parents, and has received general acclaim as an outstanding popular-style work to help civilians bridge the gulf between themselves and their men coming back from war. As an induction center psychiatrist with a background of medical military experience in World War I, and a continued contact in the years between through his work with the National Committee for Mental Hygiene, with civilian personality and emotional adjustments, the author is able to speak with authority on both aspects of these problems. He tells the reader, in readable and frank fashion, of the various effects of war experience, some temporary, some more enduring, and suggests how wives and sweethearts, mothers, fathers and the community may understand and meet these changes with the least damage to the veteran and to society generally. A program at the end of the book for planning and coordinating community services for veterans, prepared under the auspices of the National Social Work Council, adds to its value.

JEAN B. PINNEY

THE VETERAN COMES BACK. By Willard Waller, Dryden Press, New York, 1944. 316 pages.

Willard Waller's book is a challenging and quotable tome—so much so, in fact, that anyone who may be called on to deal with returning service men will profit from its intensive reading. The author, Columbia University associate professor and World War I veteran, poses the question, "How can we help him find the road back?", and both his diagnoses and prescriptions merit careful consideration. Whether one agrees with all of his views and suggested therapy or not,

the reader will find plenty of thoughts well worth mulling over.

Of special interest to those dealing with marital problems are Waller's comments on such topics as *War Plays Havoc with Family Relationships*, *War Brides of World War II*, *Are War Marriages Really Marriages?*, *Chances for Success of Post-War Marriages*, and *Are War Marriages Worth Saving?* In addition, however, the ethical, economic, health and sociological problems of the men who will come back are pictured realistically and sympathetically. But don't pick this volume out if you are looking for escapist literature. It's too ominously valid to make pleasant or easy reading.

RAY H. EVERETT

SOCIAL WORK YEAR BOOK, 1945. Edited by Russell H. Kurtz. Eighth Issue. New York, Russell Sage Foundation, 1945. 620 p. \$3.00.

This book, as always, provides a comprehensive, conveniently arranged presentation of organized activities in social work and in related fields, from *Adult Education* to the *Ziegler Foundation for the Blind*.

Part I comprises 75 topical articles describing various functions, organized activities and programs, rather than individual agencies, in this whole broad field. A useful feature of this section is a bibliography of 1,132 books and pamphlets and 446 magazine articles on the subjects under discussion. Among the articles is a concise, factual analysis by Dr. John R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service, of the current status of the national social hygiene program. His report includes current statistical information on the incidence and prevalence of the venereal diseases, on the activities of the U. S. Public Health Service, as well as an overall survey of the principal activities, and organizations, in the field of social hygiene.

Part II is devoted to an exhaustive listing of the names and purposes of

472 national agencies, both official and voluntary, many of which are discussed in articles under Part I.

As in the case of previous seven editions, the book is an invaluable reference work for students of social sciences, legislators and public administrators, publicists, librarians, teachers, agency board members, in fact, for all concerned in studying for working with official or voluntary health and welfare activities.

BLAKE CABOT

ONE HUNDRED YEARS OF AMERICAN PSYCHIATRY. By J. K. Hall and others. Published for the American Psychiatric Association by Columbia University Press, New York, 1944. 649 p. \$6.00.

The history of American psychiatry and the mental hygiene movement in the United States covers considerable ground of interest to social hygiene workers. For this reason this work may well be briefly mentioned here. It is the work of a group of writers representing the American Psychiatric Association and the American Association of the History of Medicine. Dr. J. K. Hall is General Editor. The chapters on the history of psychiatry in America and in Europe, written by Dr. Richard H. Shryock and Dr. Henry E. Sigerist, are of special interest. Other chapters on the history of psychiatric research, history of mental hygiene and legal aspects of psychiatry deal with subjects which bear such a close relation to the sociological and psychological aspects of social hygiene that workers in the latter field will find in them much of value.

The book is handsomely illustrated with pictures of historically important institutions and portraits of outstanding leaders in psychiatry and mental hygiene. Among the latter are included several who were well known to present day social hygiene workers including the late Dr. Thomas W. Salmon, former Medical Director of the National Committee for Mental Hygiene, Clifford Beers, founder of the same organization and Dr. William A. White, director of St. Elizabeth's Hospital in Washington and for many years President of the Social Hygiene Society of the District of Columbia. The book is well printed, handsomely bound and adequately indexed.

WALTER CLARKE, M.D.

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK—1944. Selected Papers Seventy-first Annual Meeting, Cleveland, Ohio. Columbia University Press, New York. Editorial Committee: Edwin Eells, Chicago, Chairman; Paul T. Beisser, St. Louis; Florence Hollis, Robert K. Lane, New York City; Elizabeth Wisner, New Orleans; Russell H. Kurtz, New York City; and Howard R. Knight, ex-officio. 492 p.

After the 1943 Regional Wartime Conferences, members of the Conference came together in 1944 for a general meeting with fresh enthusiasm and interest. The Program was unusually valuable, geared to the practical needs of wartime, and looking ahead to the attack on postwar problems. The papers presented in the *Proceedings* are well chosen, and a number of them are of special significance to social hygiene workers, in addition to those which have already been published in the JOURNAL OF SOCIAL HYGIENE by permission of the Conference and its Social Hygiene Committee.* Among those printed in the present volume are: *Next Steps in Interracial Relations*, Lester B. Granger; the three papers under the general heading of *We Recheck Our Position with Youth—Planning for Group Work Needs*, Roy Sorenson; *Problems in Teen-Age Hangouts*, Hazel Osborn; and *British Youth Organizations and the Rehabilitation of Liberated Europe*, Erwin Schuller. Two papers under the section *We Discuss Method and Program* could well have joined the JOURNAL group, had space permitted: *Sex Delinquency as a Social Hazard*, Eliot Ness, and *Public Welfare Agencies in the Social Protection Program*, Arthur E. Fink. Michael M. Davis' *A National Health Program* has since been pointed up and elaborated in his later writings, but is worth reviewing for the basic information.

As usual, a series of *Appendices* include details of program, business sessions, and the Constitution and By-Laws. The topics and speakers listed under the first-named provide leads to other informational papers, many of which have been published elsewhere.

JEAN B. PINNEY

* See November and December, 1944, issues.

A DESIGN FOR GENERAL EDUCATION. For Members of the Armed Forces. By the Committee on this subject, which is a sub-committee of the Committee on Relationships of Higher Education to the Federal Government, of the American Council of Education. Washington, 1944. 188 p. \$1.25. No. 18 of the Council's Series I—Reports of Committees and Conferences.

There is wide interest in the educational plan and facilities offered by the War and Navy Departments to the men and women of the armed forces. This *Design* has been drawn to help set the pattern for educational activities in the period following cessation of hostilities. The report was prepared at the request of the United States Armed Forces Institute. Army and Navy experts on training of personnel sat in and cooperated with the Council group, and close contact was maintained throughout the project with the Army's Committee on Postwar Educational Opportunities for Service Personnel. The Council group also included outstanding representatives of civilian educational institutions, from secondary to graduate schools, and the report is presented in part as a means of stimulating suggestions for such of those institutions as may wish to study their programs in general education.

Following the *Objectives of General Education for Members of the Armed Forces* which comprises the early pages of the *Design*, something over a dozen courses are described, each headed by a general statement and completed by a course outline, with bibliography. Among the courses proposed are *Personal and Community Health*; *Problems of Social Adjustment*; *Marriage and Family Adjustment*; *Problems of American Life*; *Biological and Physical Science*. Throughout, in fact, the aim of the courses suggested is towards genuine "education for living." The Committee states that it concurs with the Commission on Liberal Education of the Association of American Colleges in saying "it is not enough to know a good many facts in the main areas of human knowledge or to be responsive to various kinds of value. To be liberally educated is to understand these facts and their values in their relation to one another."

The Subcommittee which prepared the *Design* was headed by Dean T. R. McConnell of the University of Minnesota. The nine persons who served as members of the subcommittee were: James P. Baxter, Paul H. Buck, W. H. Cowley, Carter Davidson, Edmund E. Day, Rufus C. Harris, Guy E. Snively, William P. Tolley and Ralph W. Tyler. In addition a group of more than forty other experts in various educational fields, including that of social hygiene, advised and contributed to the plan and the outlines.

The volume is a handy reference book for the editor and research worker, as well as for the groups and institutions for which it was especially prepared.

JEAN B. PINNEY

WARTIME FACTS AND POSTWAR PROBLEMS. A Study and Discussion Manual. Evans Clark, Editor. New York. The Twentieth Century Fund. 1944. 136 p.

This is the fourth printing of this useful booklet, first published early in 1943. It is planned as an "attempt to tell the average citizen what has happened to our economy in war and what the chief issues of the coming peace are likely to be—and why." From an introduction *What Do We Want of the Peace* the material goes on through 11 sections on various social, civic and economic topics, including Section 9 on *Health* and 10 on *Education*. Each section deals first with facts relating to the current situation and history, and second with postwar problems. The paragraph headings under *Health* indicate the method: *How Healthy Is America? Our Prewar Health and Medical Facilities; Effects of the War; Recent Developments in Medical Care. Compulsory vs Voluntary Health Insurance; Postwar Adjustments of Personnel; Extension of Public Health Facilities; Hospital Construction*. At the end of each section a series of questions brings the situation down to the community and individual level. An *Appendix of Reading References* completes a helpful and stimulating text. Contributors to the booklet were Margaret R. Taylor Carter, George B. Galloway and A. B. Handler.

JEAN B. PINNEY

Books on Sex Education, Marriage and Human Relations

MARRIAGE AND FAMILY COUNSELLING.
By Sidney E. Goldstein. New York, McGraw-Hill Book Co., 1945. 457 p. \$3.50.

"During the whole of the nineteenth century we stressed the development and emancipation of the individual," says Dr. Goldstein. With the passage of time, it has been recognized that this was the wrong emphasis: "Today we see that not the child, not the parent, nor even both together, but the family, is the unit of study and the unit of treatment. The family must therefore become the focus of social interest and social action."

To implement this view, he has written the first comprehensive book on marriage and family counselling. His interest in the subject has developed during 40 years as a rabbi and nearly a quarter of a century in social work as a teacher. His activity in the promotion of family life education is well known, and his book, "The meaning of marriage and the foundation of the family" (1942) is a standard exposition of the subject, particularly from the Jewish point of view.

Throughout his discussion of counselling, both before and after marriage, Dr. Goldstein insists on the need of dealing with the subject from as many different points of view as possible. He offers a great deal of information on "legal implications, the economic basis, biological foundations, psychological factors, and ethical ideals." His techniques of counselling naturally derive from his long familiarity with social case work. In contrast with the "non-directive therapy," which puts almost all its weight on the *relationship* between counsellor and client and avoids active intervention, Dr. Goldstein has no doubt that there are times when "we must have the courage to say to them, 'You must do this,' or 'You must not do that.' To act otherwise in such cases is only to invite defeat and disaster."

Dr. Goldstein's manual covers only a part of the counselling field; it omits much of what the modern counsellor would consider essential, at least for intensive work. But it offers an abundance of material on a great many aspects of the subject that are of

general importance. Not merely the "part-time counsellors," for whom it is mainly intended, but all concerned with the conservation of the family, will find in it something of interest and value.

PAUL POPENOE

SEX EDUCATION. A Guide for Parents, Teachers and Youth Leaders. By Cyril Bibby. London, Macmillan, 1944. 291 p. Price 7s 6d.

The author is Education Officer to the British Central Council of Health Education, and writes in his threefold capacity of scientist, teacher and parent. A British reviewer says: "The methods advocated are not the result of armchair theorization but are culled from the garden of first-hand experience. One is conscious throughout of a sympathetic awareness of the child's point of view. At the same time we are left in no doubt as to the author's concern with the ultimate purposes of sex education, which must strive not only to give instruction in scientific facts and to interpret these facts in the light of the special characteristics of human creatures, but also to inspire men and women with the desire to reach a standard of behavior worthy of the truly adult human being."

Family Life Education says (January, 1945, issue): "Most of it is as applicable to the United States as to England, and on the whole, it would be hard to find a sounder and better balanced discussion of the subject." The District of Columbia Social Hygiene Society pronounces it "a useful book with several rather unique features. We use some of his material locally."

One of the unique features referred to is the inclusion of a number of specimen lectures, with lists, not only of the questions asked by young people, which are frequently included in such works, but also of the answers given by the lecturer.

Another reviewer says: "One of Mr. Bibby's best chapters is that on *Educating the Educators*. He declares that 'if it is a question of choice between, on the one hand, an adult who is free from embarrassment, who un-

derstands children, is honest, sensitive, broadminded, and tolerant, and yet has but the meagrest academic knowledge; and on the other hand an expert biologist, with a detailed knowledge of psychology, pathology, and sociology, able to write theses on educational technique, and yet lacking in these warm human qualities, the former has the advantage every time."

The author's broad view and wisdom are apparent in these additional passages: "There is no escaping the conclusion that sex education is very largely the task of the educational specialist—the teacher." (But of course, a few isolated lectures are not really sex education.) "The best results will follow from sex education only when the whole of our society is remodeled, and our children grow up from the earliest days surrounded by adults who feel that sex is an excellent and joyous thing in which man and woman join as equal partners."

A classified bibliography and a number of well-arranged appendices add to the book's value.

JEAN B. PINNEY

WAR MARRIAGE AND ITS PROBLEMS. Proceedings of the (1944) Annual Institute on Marriage and Home Adjustment. Pennsylvania State College, State College, Pa. 126 p. \$1.00.

This mimeographed but well bound publication is a veritable mine of useful data and philosophy. Though the Institute's theme was *War Marriage and Its Problems*, most of the content will prove just as applicable to peacetime teaching and guidance.

Like all symposia, this is not a textbook but a melange. It lacks the ordered continuity of a carefully organized text but contains such a variety of interesting, authoritative and usable information as to make it a genuine bargain for the marriage counselor, teacher, minister, social worker, physician or, in fact, anyone whose direct or collateral efforts are devoted to marital guidance.

Representing the wisdom and experience of the Institute faculty are such tried and true educators as Ernest W. Burgess, Henry A. Bowman, Emily H. Mudd, Dr. and Mrs. Garry C. Myers,

and a dozen others whose talents deserve recognition but, for whom lack of reviewing space orders anonymity. Suffice it to say, it's an excellent faculty right down the line.

The 36 papers deal mainly with facts and viewpoints designed to give the reader a summarized post graduate course in diagnosing and treating marriage problems—largely those originating in or complicated by sex instincts and behavior. Sexual pathology, delinquency, and sex education as a public school function come in for considerable attention, but the volume's major emphases are on when, whom, and how to marry—and how to make marriages last.

The bibliography which concludes the book is not comprehensive, though many currently pertinent publications are listed. Some pages of our copy of the volume are blurry but anyone familiar with mimeographic eccentricities will forgive that defect. These slight faults are as naught compared to the reference value of the collection; and we congratulate the College and editors for their initiative and success in organizing the Institute and making its proceedings so reasonably available.

RAY H. EVERETT

OURSELVES UNBORN. By George W. Corner. New Haven, Yale University Press, 1944. 188 pp., 8 plates, 15 text figs. \$3.00.

The title suggests a book for general readers. The author assumes no previous knowledge of biology on the part of his readers. The fact is that the first seventy pages, *The Embryo as Germ and as Archive*, is adapted to college students who have more foundation in embryology than is usually included in the first course. The second chapter (pp. 71-122), *Prenatal Fate and Foreordination*, and the third on *The Generality and Particularity of Man* (123-176), are not based on the detailed facts of the first chapter and might be understood by any interested reader who had no biological foundation. The first chapter and all the illustrations are useful for any student or teacher who is interested in the latest facts about human development. Doctor Corner, of the Department of Embryology, Carnegie Institution of Washington, is one of the leading human embryologists.

MAURICE A. BIGELOW

LIFE TOGETHER. By Wingfield Hope. New York, Sheed & Ward, 1944. 199 p. \$2.50.

Highly recommended by its publishers as "a thoroughly sane and creative treatment of Christian marriage," with a foreword by Robert I. Gannon, S.J., president of Fordham University, and bearing the imprimatur of Archbishop Francis J. Spellman, this book, though primarily a presentation of Catholic philosophy and doctrine, contains much of interest and use for anyone seeking marriage guidance.

To date we have lent our copy to two girls contemplating marriage, both of Catholic faith. Their comments were identical, i.e., that the publication definitely clarified some of their spiritual conceptions regarding married life but that further collateral advice and reading were needed to enlighten them on specific marital problems in the fields of family budgeting, sexual adjustments, health and recreational hazards, et al. Your reporter concurs in their views.

From a literary standpoint no section of the opus is more enjoyable than Father Gannon's far too brief introduction. In this, after calling attention to the fact that "the whole subject (marriage) has been too thoroughly explored in all languages to promise many novelties at this late date," he says, "but like all eternal truths, the beauty of conjugal love needs constant retelling in the language of each succeeding generation." And there is sheer poetry in his observation, "Of course, it remains the privilege of every unspoiled young bride to see this blessed state as a freshly discovered isle in the sea all misty with dawn but her grandmother knows it is the same old landing place where she went ashore fifty years ago and found so many different kinds of footprints."

RAY H. EVERETT

MARRIAGE AND FAMILY RELATIONSHIPS.

By Robert G. Foster. New York, Macmillan, 1944. 314 p. \$2.50.

Of making many books for educating young folks about marriage and family life there seems to be no end, but this one by Doctor Foster of the Merrill Palmer School is different in that the author aims to emphasize the personality and relationship phases of life in the home.

It is generally agreed today that successful family life is founded on the personality relations of husband and wife. Doctor Foster wisely begins with personal preparation for marriage. This involves: (1) understanding oneself and others, (2) understanding the basic and acquired social and emotional needs or drives or urges in one's personality and behavior, and (3) individual development of friendliness patterns by practice in meeting, adjusting and adapting to other people in childhood, youth and pre-marriage years. All three of these apply in everyday life but have special significance with reference to preparing the individual for married life with another person.

In *Part II*, Doctor Foster discusses under the general heading of "immediate prelude to marriage," such problems as dating, courtship, mate selection, engagement, pre-marital examinations and interviews, and the honeymoon.

And then in *Part III*, *Evolving a Satisfactory Family Life*, there are some very practical discussions of the first year and its inevitable adjustments, personality factors in husband-wife relationships, sex as a factor, parents and in-law relationships, money problems and home management, and the coming of children.

Part IV, on *The Family and Democratic Society*, deals with success or failure in family development, crises and human relationships, marriage and the family in wartime, and some suggestions concerning marriage and the family in the years after the war.

The *Appendix* contains an excellent selection of references for supplementary reading, questions and exercises for students and for discussion groups and a premarital interview blank.

This book is very satisfactory as the final stage of sex education for young people of 18 years or more. In essential facts about sex, it parallels what the American Social Hygiene Association has long offered in its educational pamphlets. This is interesting because the book is already highly approved by many college departments of home economics which give family life courses. This reminds us that in the Conference on Education for Marriage and Social Relations in 1936, at Columbia University, there were many pro-

tests in the final assembly because the proposed report recommended sex education as an important element in family life education. Fortunately, this attitude is no longer common among leaders in home economics education, and many family life courses in senior high schools and colleges now recognize sex education as an important phase of family life education. In fact, it is probable that with the guidance of books like Doctor Foster's, family life courses will develop as the most important centers for sex education.

MAURICE A. BIGELOW

MARRIAGE IS A SERIOUS BUSINESS. By Randolph Ray. New York, McGraw-Hill, 1944. 164 p. \$2.50.

Here's one of the most readable and helpful books to come from the presses in many a moon. Written from twenty years' experience as rector of New York City's famous Little Church Around The Corner where "more marriages take place than anywhere else in the world," the volume is crammed full of pertinent philosophy, relevant facts and illustrative anecdotes—both humorous and tragic. It outlines the soundest of principles in marriage guidance while clearly showing the fallacies and shoddiness of marital fads and opportunism.

Quoting Congreve's famous couplet "as particularly true of the war marriage," i.e., "Thus grief still treads upon the heels of pleasure. Married in haste, we may repent at leisure," Dr. Ray says. "The success of marriage has always, in my opinion, depended as much on what preceded the wedding service as on what follows it. It is the clear, honest thinking done in advance that offers marriage its greatest stability."

Sex lectures by clergymen "to couples on the verge of marriage" are, Dr. Ray believes, "most unsatisfactory and most unreal." The candidates for wedlock "resent what they look upon as an uncalled-for sermon. In the eyes of the average young couple, a clergyman knows less about the subject than anyone else. . . . Any sex education which is to be of value must start very young." But, he continues, "both the man and the woman must be intelligent about the physical side of marriage. . . . There are many

excellent books now written by doctors which I frequently give to young couples getting married." (Some good ones also by non-medicos. Ed.)

Along with his discussion of general marriage problems the author presents some pointed and poignant examples of war-marriage hysteria. This non-fiction volume as a whole is a constructive addition to current marriage literature plus being more interesting reading than four out of five of any year's fiction crop.

RAY H. EVERETT

WOMEN AND MEN. By Amram Scheinfeld. New York, Harcourt, Brace and Company, 1944. 453 p. \$3.50.

Fifty years ago (1894) Havelock Ellis published in Victorian England the first edition of *Man and Woman* in which he made the first comprehensive survey of the fundamental similarities and differences of the two human sexes. For forty years, to the eighth edition in 1934, Doctor Ellis attempted to keep his book up to date; but his last edition is not in line with the scientific knowledge of its time as accurately as was the first edition in 1894. Hence the time is ripe for a new attempt at a general comparative survey of the two sexes which are foredoomed to live and work and play together in this old world. Especially do we welcome a new work which adequately involves the high points of the vast mass of biological and psychological contributions of the past twenty or thirty years.

The old book by Ellis is not to be discarded completely; it will still be useful to the student who is interested in historical and cultural matters which Mr. Scheinfeld has deliberately left to his bibliography in order to use his space for stressing the biological factors which twentieth century research have made basic for scientific study of the sexes.

In 30 sections or chapters Mr. Scheinfeld reviews and discusses the numerous differences between the sexes from early embryonic life to old age. Sex differences begin in the fertilized egg which is male or female in its already differentiated structure (pp. 11-19). Very early in development the two kinds of eggs take different roads (20-28). There are more males than females as early embryos, more

males die in prenatal days, about 105 boy to 100 girl babies are born and after birth male mortality is higher (29-40). During childhood there are many growth and functional differences (41-57). The male sex is biologically weaker than the female, a fact shocking to masculine superiority (58-71). Early behavior tendencies, intelligence and unfolding personalities show sex differences (72-103). The well-known differences in puberty and adolescence are reviewed and interpreted (104-141). There are some important biological differences between the male and female machines (142-160). On the whole the female is more resistant to morbidity and mortality (161-185). Nature tends to create a shortage of available husbands (186-198). The sex differences in behavior traits, temperaments and personalities are summarized in pp. 199-211. In chapter 18, "of mice and women," the little rodents don't deserve mention in the fantastic title, but there is an interesting discussion of the real and supposed psychological differences, masculinity and femininity, in their bearings on the social relations of men, women and children (212-226). Then follows a survey of sex life from childhood to senility, normal and abnormal (227-243). From this the author jumps to compare the sexes in "crime and punishment" and points out that there is much in the original nature of the male which helps explain why men get into serious trouble with the laws 25 times more often than women (244-253). But "fine feathers" (254-270) have some serious effects on women's behavior, thinking and relations to men. Then follow chapters which deal with the modern problems of the social relations of the sexes. Division of labor between the sexes (271-300), tests of intelligence and aptitude (301-315), achievement and genius (316-332), dominant tendencies of males (333-346), equality of women (347-357), the Soviet experiment (358-369), "pitfalls of the past" (the place of the masculine and the feminine), marriage of tomorrow (383-402). Finally, an excellent bibliography of 27 pages, arranged to fit references in the chapters, and with asterisks marking popularized and untechnical literature for general readers.

On the whole, *Women and Men* is an excellent book from the point of view of social hygiene considered as

social health of the sexes. It should be required reading in courses on social hygiene education and on marriage and the family—especially the last nine chapters, or as a minimum the last four. The reviewer knows no book which is so likely to educate for better understanding and harmony between the sexes.

MAURICE A. BIGELOW

THE FAMILY FACES FORWARD. Family Life Bureau, National Catholic Welfare Conference. Washington, 1945. 160 p. \$1.00.

This is a companion volume to *The Family Today: A Catholic Appraisal*, published in 1944, and contains the addresses given at the sessions of the Family Life Conference held at Catholic University of America, January 30 to February 2, 1945. The volume was published especially for use in connection with National Family Week, May 6 to 13, but is designed to be equally valuable for year-round reference regarding the Catholic point of view on marriage and family matters, as expressed by the distinguished speakers who participated in the January Conference.

The addresses are grouped in three sections: *Part I* deals generally with the purpose of marriage. The papers in *Part II* consider a variety of ways and means of helping the family. *Part III* discusses certain major problems confronting the present-day family.

In a *Preface*, the Rev. Edgar Schmiedeler, Director of the Family Life Bureau, says, "The wider the volume is circulated and used, the nearer will the fulfillment of the purpose in sponsoring the meetings of the Conference be realized. That purpose is to bring carefully sifted ideas and ideals . . . ultimately down to the average parish and even to the individual home, to reinforce and enlarge the present efforts in behalf of a better family life. . . ."

JEAN B. PINNEY

DO YOU KNOW YOUR DAUGHTER? By Alice Barr Grayson. New York, D. Appleton-Century Company, 1944. 297 p. \$2.50.

Do You Know Your Daughter is a thoughtful and pertinent question which parents ask themselves many times in facing with their children

the difficult period of adolescence. Since "knowing" can be accompanied only by first "understanding," Miss Grayson's book should do a great deal toward furthering better relations between parents and their children.

This discussion of the difficulties of growing up as seen in letters from adolescent girls to the department *Let's Talk Things Over* in the magazine "Calling All Girls," is based on a study of some 3,000 letters and much of it is given in the language of the girls themselves, making the presentation both authentic and convincing in its spontaneity. Chapter headings are direct quotes from these letters and serve as stimulation for the discussion and guidance suggestion which follow. For example, *Chapter VIII*, "I am sort of young but it's time I learn facts" in its development emphasizes the normal need for sex education. In the same way many phases of adolescent relationships are discussed, touching such subjects as the need of confidants, the wish to grow up, the wish for normality and conformity, boy-girl relationships, security in family life, home and school, play and recreation, etc. Thus here is presented information which can be used by us all toward better understanding, hence better guidance of our adolescents on their "painful road to maturity."

Alice Barr Grayson, pen name for Jean Schick Grossman, was formerly with the Child Study Association of America, and is at present Director of Parent Education, Play Schools Association.

JOSEPHINE V. TULLER

MARRIAGE IN WAR AND PEACE—1945.

By Grace Sloan Overton. Abingdon Cokesbury Press, Nashville, Tennessee. 190 pp. \$1.75.

Here's a book that carries out the old admonitory couplet regarding the essential items in a bridal costume. It contains "something old, something new, something borrowed, and something blue." Much of its content is axiomatic already in the public to which it is directed—"parents and counselors of youth."

The author is at her best when she sticks to marital guidance. On the sociologic and psychiatric problems of the returning veterans, one will find more ample and authoritative coverage in Waller's *The Veteran Comes Back*

and Pratt's *Soldier to Civilian*. Her section on interfaith marriages, with its earnest plea for greater tolerance, is one of her strongest and most useful chapters.

Many "do's" and "don'ts" are interspersed throughout the volume and it contains numerous references to other "reading helps," books, reports and magazine articles. Case stories point up a host of situations wherein the author acts as arbiter and advisor.

In essence the book is worth reading and having on hand for reference although it would not be given that rather trite and overworked designation, "a must."

Perhaps, the boys coming home and their loved ones who have remained here are being overwritten. Sometimes we feel that the plethora of advice on what to do for war weariness and other hazards of this world-wide upheaval is making far too many embryonic psychiatrists out of parents and associates who might better leave that field to qualified professional practitioners. Maybe, however, the folks at home aren't reading them so much as some of the rest of us!

RAY H. EVERETT

BUILDING SEX INTO YOUR LIFE. By Paul Popenoe. American Institute of Family Relations, 1944. 24 p. 25 cents (2.50 per dozen or \$15 per 100. Order from the Institute at 607 S. Hill Street, Los Angeles 14, California.).

This is announced as "a new pamphlet intended for young men going into the army or industry: equally for those in school and college; but no less interesting to their sisters, their parents and their teachers. It is a simple and interesting statement of sexual ethics, constructive and soundly scientific."

A new edition has just been printed, the first run of 10,000 having been exhausted. The Institute reports that this pamphlet has been particularly popular with army chaplains, many of whom are buying it in quantity, but that it has received an equally favorable approval from high schools, Christian Associations, and other organizations in touch with young men of the high school and early college age to whom the pamphlet is particularly addressed.

STRAIGHT FROM THE SHOULDER. By Roy E. Dickerson. New York, Association Press. 10 cents.

This pamphlet was written especially for young men about to enter the armed forces, and it is well suited to introduce to them the problems of sex which they are likely to encounter in their off-duty hours. The text is clear and well written, and the coverage thorough.

JOSEPHINE V. TULLER

TODAY'S CHILDREN FOR TOMORROW'S WORLD. A Guide to the Study of the Child from Infancy to Six. By Aline B. Auerbach. New York, Child Study Association of America, 1944. 24 p.

This is announced as "a manual for study, with suggestions to group leaders" and the outlook, of course, is towards the child in the postwar world. The page which comprises Chapter VI, Sex Interests of Young Children, briefly but clearly lists the main topics of this subject, and leads the reader to sound and more comprehensive advice in other publications.

JEAN B. PINNEY

MICE, MEN AND ELEPHANTS. By Herbert S. Zim. New York, Harcourt, Brace and Company, 1942. \$2.00.

This is a book about the mammals, written by a science instructor for his students in the junior and senior high schools. It is based upon pupils' questions and written in a vocabulary suitable to that age. The illustrations are good, and the book is attractive in appearance.

While human beings are accepted as mammals in a most matter-of-fact, yet natural way, yet being a human being is invested with dignity and importance. The writer discusses the characteristics of mammals, how the heart and brain work, certain other physical features, and in considerable detail how succeeding generations are produced. The processes of reproduction are discussed naturally, but in the setting of forms of family life found among the mammals.

This book will open the way for discussion of mating, reproduction, care of the young, the function of parents, and heredity in a wholesome way in

school science classes. It is well worth inclusion in a science library.

LESTER A. KIRKENDALL

BRINGING UP OURSELVES. By Helen Gibson Hogue. New York, Charles Scribner's Sons, 1943. 153 p. \$1.50.

This is a book on practical psychology for the layman, written by a woman who has had clinical experience in dealing with psychological problems. Its chief value for social hygiene is the strong emphasis upon the acknowledged (by all experienced professional workers) relationship between personality maladjustments and personal difficulties, and unsocial behavior. While not much space is devoted to sex behavior as such, no thinking person can escape the obvious conclusion—that prostitution, homosexuality, and other sex delinquencies are basically the reactions of starved and inadequate personalities.

Social hygiene workers accustomed to approach their problems through community organization procedures and group action will find no discussion which applies directly to group relationships or techniques. The emphasis on the individual, however, may serve as a welcome balance to the thinking of those who work with groups so much that they tend to forget the need for attention to the individual. Then, too, the provision for opportunities to insure wholesome personality growth in the first place and facilities for assisting individuals who are making ineffective adjustments imply group action. The need for community action on these problems will surely come to the mind of those who read this book.

The professional worker may find the book rather elementary and to some extent repetitious, as the essential features of illustrative cases are repeated from chapter to chapter. The main purpose is to sell to the layman the idea, summarized in the last sentence of the book, "... if we develop conscious awareness of our human needs on all levels, and the psychological forces within ourselves that hamper or promote our healthy growth, nothing can prevent that 'flame spirit' in man, the fruit of freedom which is greater than wisdom, from 'gathering more of itself,' from spreading throughout the earth."

LESTER A. KIRKENDALL

Books on Health Education

HEALTH INSTRUCTION YEARBOOK—1944. Edited and Compiled by Oliver E. Byrd. Foreword by C. Morley Sellery. Stanford University Press. 354. p. \$3.00.

This is the second in the series of Yearbooks which began in 1943. The author is Associate Professor of Hygiene, and Director, Division of Health Education, School of Health of Stanford University. While the Yearbook is prepared especially for school health instructors and students of current health problems, public health workers and community health education workers will find much of interest and value here. The volume contains in condensed form 305 articles (mostly published in 1944) selected from 74 periodicals. The material is grouped under twenty headings, ranging from *Health as a Social Accomplishment* to *Community Health Services and Trends and Probabilities*.

There are frequent references to the venereal diseases as health problems, and a number of articles from the JOURNAL OF SOCIAL HYGIENE are abstracted. (It occurs to this reviewer that two features might be helpfully added to this Yearbook: 1. An alphabetical list of the magazines from which articles are taken. 2. "On-the-spot" source references along with abstracts, rather than the numerical reference which necessitates constant turning to the numbered bibliography in the back of the book.)

It is hoped that Dr. Byrd will continue to compile this useful compendium, and that many public libraries as well as college and school libraries will secure the annual editions as they are published.

JEAN B. PINNEY

GYNECOLOGY. By George D. Huff, M.D. San Diego, Frye & Smith, Ltd., 1943. 328 p. \$4.00.

This book is offered to non-medical women students of college age and consists of a description of gynecologic history, anatomy, diagnosis and pathologic conditions frequently encountered in women.

It begins with a clear table of contents, goes on with a short description of the anatomy of the female genitalia, the commoner diseases of the vulva, the cervix, the uterus, the tubes and the

ovaries. Gonorrhea and syphilis receive limited mention.

The illustrations by Miss Belle Baranceanu consist mainly of line drawings and serve well to illustrate the descriptive matter. In the major portion of the book, the descriptive matter is in reality explanatory of the illustrations.

This book should be useful to the group for whom it was intended and probably also to student and graduate nurses as a simple introduction to some of the physiological difficulties affecting women.

ADOLPH JACOBY, M.D.

HEALTH AND HYGIENE. By Lloyd Ackerman. Lancaster, Pa., Cattell Press, 1943. 893 p. \$5.00.

Professor Ackerman of Western Reserve University, wrote this comprehensive treatise on hygiene for senior college and beginning professional students in the health fields. In 10 parts, including 38 chapters, the author has considered health concepts and practices, parasitism and hypersensitiveness, hygiene of the mouth, of nutrition, of the emotions and intellect, of mating, exogenous poisons, and physical agents affecting health.

The facts which concern social hygiene are in *Part 8, The Hygiene of Mating*. This title is debatable. Hygiene of the genital organs, sexual hygiene or social hygiene would be better titles for the contents of this part.

Chapter 30 (pp. 635-669) is devoted to principles and facts relating to human reproduction, including fertility, sterility and birth regulation. *Chapter 31* (670-688) on *The Venereal Diseases* should be part of *Genital Infections* in *Part 4*. *Chapter 32* (689-719), *Ideals and Goals of Mating*, is well written, but its reference list deserves critical revising. Many readers will question whether this chapter belongs in a book of hygiene. *Chapter 33, Other Modes of Sexual Adjustments*, deals with erotic dreams, masturbation and homosexuality. Under *Mental Health* in *Chapter 28*, there is a good discussion of guidance and management of sex feelings and sex attitudes during childhood.

In this *Part 8*, which deals with various aspects of the larger social hygiene, considered as health in the relations of the sexes, there are good surveys of many facts and opinions which are generally accepted. These chapters are in all important respects accurate and interesting and deserve to be recommended for students above the sophomore level and for many general readers who have some basic knowledge of biology and hygiene.

MAURICE A. RIGELOW

VD MANUAL FOR TEACHERS. 89 pages. Mimeographed.

THE STORY OF VD. Illustrated by Lawrence M. Shimazu. 28 pages.

VD INFORMATION FOR HIGH SCHOOL STUDENTS. 30 pages.

Prepared by June Johnson, School Health Education Administrator, Board of Health, in collaboration with Samuel D. Allison, M.D., Venereal Disease Control Office, Board of Health; W. Tate Robinson, Director of Health Education, Department of Public Instruction; Elmer J. Anderson, Acting Director, Public Health Education, Board of Health. Honolulu, Venereal Disease Division, Board of Health, Territory of Hawaii.

Both in facts and implications, this venereal disease material planned for use in Hawaii's secondary schools is outstanding. (A JOURNAL article, *An Answer to a Challenge*, June Johnson, December 1944, page 549, describes the reasons for giving the course, and the methods used.)

The *Manual for Teachers* outlines scientific information available on syphilis and gonorrhea, summarizes teaching aids, and describes comprehensively the whys and hows of instructing school children regarding the social, physical, and moral hazards involved in the venereal infections.

Venereal Disease Information for High School Students is a well organized booklet for reading and study by the students themselves; and *The Story of VD* is a fascinatingly illustrated continuity of interesting pictures and brief text, also for school youth.

Aloha Land can take genuine pride in these additions to social hygiene's teaching armamentarium. We would award them a *summa cum laude* citation.

RAY H. EVERETT

SPECIAL DELIVERY. By B. D. Rosenberg, M.D. The Ziff-Davis Publishing Company, New York, 1944. 96 pp. \$2.00.

This book adds one more to the increasing number of books designed for the lay public. The material presented consists of a clear exposition in easily understandable language of the physiologic changes occurring in the woman from the time that pregnancy takes place up to and including the period when the baby is born and safe in its mother's arms. The material includes a description of the maternal passages, the development of the baby and the positions it assumes within the womb of the mother, the steps which take place from the time labor begins to the time when the baby is born, an explanation of the doctor's activities during this time, a statement of the procedures carried out by the hospital attendants and some of their reasons, and the processes which take place following the baby's birth and during the process of nursing. There is also a description of exercises by the mother which will help to restore her original sylphlike form. All of these portions are beautifully illustrated by the drawings of Gladys McHugh. The pictures add immeasurably to the clear understanding of the lay individual of the foregoing subjects. This book should prove a welcome addition to the impending mother in helping her to understand the ordeal through which she is about to go and the assistance which she may render to herself and to her doctor during this process.

ADOLPH JACOBY, M.D.

INVITATION TO HEALTH. By Harry J. Johnson. A Guide to Successful Living. New York, Prentice-Hall, 1944. 249 p.

As Medical Director of the Life Extension Institute and Examiners, the author has reason to know how tempting is his title. But like many other invitations, this one has strings attached. If health is to be achieved, the invitee must work hard at the job of attaining it. Health does not come in bottles or capsules, but largely through normal living habits, with sufficient awareness of what the results may be in health loss to send the candidate promptly to his physician if

anything goes wrong. It goes without saying that the Life Extension Institute is a pioneer in promoting the habit to "see your doctor before anything goes wrong." *Invitation to Health* is built on this thesis.

Two chapters will especially interest the social hygiene worker. Chapter 27, *Sex and Marriage*, is a middle-of-the-road, well-balanced statement, "accentuating the positive," and including

much not implied in the heading, on parent-child, boy-girl and other relationships beside that of husband and wife. Chapter 28, *Veneral Disease(s)*, is brief, up-to-date, and written in words that the ordinary reader can understand and profit by. Other chapters deal with most of current knowledge and progress in personal hygiene. A good book for the lay reader, and for many semi-professional workers.

JEAN B. PINNEY

Books on Law Enforcement, Legislation and Social Protection

COMBATING VENEREAL DISEASES. Laws and Procedures. By Robert W. Kenny. Published by the Department of Justice, State of California. 1945. 128 p.

This manual is one of the most important and useful wartime contributions to the venereal disease control program. The chapter headings and titles of the six appendices indicate the scope and timeliness of the material.

Chapters: I. *Why Fight the Venereal Diseases*; II. *Basic Aim—Treatment of the Individual*; III. *The Tavern or Bar*; IV. *The House of Prostitution*; V. *Entrapment*; VI. *Public Health Laws*; VII. *Courts*; VIII. *The Sheriff and District Attorney*; IX. *Army and Navy Policy*.

Appendices: A. *Statement of the House of Delegates of the American Medical Association*; B. *Syphilis Prevalence Per 1,000 Males Aged 21-35*; C. *One City's Experience*; D. *Harbor View Hospital, San Diego*; E. *The Library*; F. *Bibliography*.

From the Preface, through all its chapters and extending into the appendices, there breathes a strong and genuine interest and desire to be helpful in this VD control program. The material selected, its arrangement and its presentation are pertinent, skillful and convincing. In addition to a good general index, there is a separate index of cases cited, and a list of the 13 charts which, scattered through the text, lend interest and force to the writer's statements.

Chapters VI, VII and VIII will clear up, permanently, we hope, the confusion which exists in many quarters concerning the respective functions of the health officer, the police and the courts in dealing with

prostitution, promiscuity and the venereal diseases. Chapter IX includes a badly needed exposition of the area of military responsibility in controlling VD in the civilian community. Throughout the manual there is repeated and insistent reference to the necessity of teamwork between all officials, both military and civilian, backed by an informed and militant public opinion.

It is hoped that the attorney generals of other states will see fit to issue compilations and manuals of similar character.

BASCOM JOHNSON

COOPERATION IN CRIME CONTROL. 1944 Yearbook, National Probation Association. Marjorie Bell, Editor. New York. 316 p. Cloth \$1.75. Paper \$1.25.

The experience of the war years and the best thought that has been brought to the approaching problems of post-war readjustment are assembled here in readable, authoritative articles by leaders in the prevention and control of delinquency and crime.

Among these are Roscoe Pound, Dean Emeritus, Harvard Law School; Paul Alexander, Judge, Domestic Relations Court, Toledo, Ohio; Richard E. Cohn, Employment Director, New York State Division of Parole; Rhoda J. Milliken, Director, Women's Bureau, Police Department, Washington, D. C.; Ralph S. Banay, Associate Director, Research on Crime and Delinquency, Columbia University; and Mark McCloskey, Director, Community War Services, Federal Security Agency.

The articles are grouped under the following headings: *Juvenile Courts and Their Community Relations*; *Case Work with Delinquents*; *Preventive*

Services; Problems of Adult Offenders; Parole and Institutions; Legislation and Court Decisions of 1944; and the volume concludes with a review of the year's activities carried on by the National Probation Association.

BASCOM JOHNSON

JOURNEY THROUGH CHAOS. Agnes E. Meyer. Harcourt-Brace and Co., New York. 1944. 388 p. \$3.00.

This is a description of the economic, social, industrial, agricultural and health problems which the author observed first hand in 27 different war centers in 17 States and the District of Columbia and which she thinks resulted from the impact of the war effort.

Not all of these problems had produced chaos as the title of the book implies. The author found much, for example, to admire in Pascagoula, Mississippi; Orange, Texas and Valparaiso, Florida.

Social hygienists will be especially interested in the chapters on Cleveland, Ohio; Wichita, Kansas; Seattle, Washington and Leesville, Louisiana which deal among other matters with juvenile delinquency or the venereal diseases.

BASCOM JOHNSON

TECHNIQUES OF LAW ENFORCEMENT IN THE USE OF POLICEWOMEN WITH SPECIAL REFERENCE TO SOCIAL HYGIENE. A manual for the use of Policewomen and for the assistance of law enforcement administrators in selection, assignment and effective use of women police officers. Compiled by the National Advisory Police Committee on Social Protection. U. S. Government Printing Office, 1945. About 110 pages. Social Protection Division, Federal Security Agency, Social Security Building, Washington 25, D. C.

This manual, approved by the International Association of Chiefs of Police and the National Sheriffs' Association, was prepared by experienced policewomen, including Deputy Commissioner Eleonore L. Hutzl, Chief of Women's Division, Department of Police, Detroit, Michigan; Captain Rhoda J. Milliken, Chief of Women's Bureau, Metropolitan Police Department, Washington, D. C.; Miss Agnes T. Ferriter, Policewoman, Lancaster, Pa., and Mrs. Imra

Wann Buwalda, Consultant, Social Protection Division, who at one time was a policewoman in Washington, D. C.

The draft was submitted to a number of informed individuals and organizations, and constructive suggestions were made by the staffs of the U. S. Children's Bureau, the American Social Hygiene Association; V. A. Leonard, Head, Department of Police Science and Administration, State College of Washington; Mrs. Elizabeth Lossing, Policewoman, Berkeley, California; August A. Vollmer, Criminologist, Berkeley, California; Ervis Lester, Member, Adult Authority, State of California; Mr. Karl Holton, Director, California Youth Authority; Mr. Will Shafroth, American Bar Association; and Dr. Spencer Parratt, Syracuse University, Syracuse, New York.

After revision the document was submitted to a special sub-committee of the National Advisory Police Committee, consisting of Captain Donald S. Leonard of the Michigan State Police, Chairman; A. E. Kimberling, Chief of Police, Louisville, Kentucky; Joseph Kluchesky, Chief of Police, Milwaukee, Wisconsin; James B. Nolan, Deputy Inspector, Department of Police, New York, N. Y.; James F. O'Neil, Chief of Police, Manchester, N. H.; Charles H. Schoeffel, Superintendent, New Jersey State Police, Trenton, N. J.; and Reed E. Vetterli, Chief of Police, Salt Lake City, Utah. This group reviewed the Manual in detail and made recommendations to the National Advisory Police Committee as a whole. The Committee, after full consideration and acceptance of the Executive Committee's recommendations, voted its unanimous indorsement.

The Manual consists of an *Introduction*, *Seven Parts*, and an *Appendix*, which contains sample administrative organization charts, sample report and record forms, a bibliography and the text of a resolution of the National Women's Advisory Committee on Social Protection, in support of the need for policewomen's work.

The seven parts which comprise the body of the Manual are entitled: *Part I—Patrol*; *Part II—How to Handle Cases*; *Part III—Learning the Job*; *Part IV—Public Relations*; *Part V—Records*; *Part VI—Qualifications*; *Part VII—Administrative Organization*.

The primary purpose of this Manual is announced as "to help the newly appointed policewoman learn her job; to give her practical suggestions for dealing with the child, the girl or the woman who is in difficulty either as an offender or as a victim of an offense; to show how she can most effectively participate in police and community programs to prevent delinquency and crime; and to stimulate her to undertake further self-education through reading and study suggested in the bibliography." It is also hoped that the manual will prove to be of real assistance to law enforcement administrators in the selection, assignment, and effective use of women police.

This Manual has long been needed. It should prove especially valuable to those qualified persons who are assigned to select and train recruits. As regards recruits who must train themselves, those who have had a fairly good general education, including at least a smattering of psychology, law, criminology or sociology, should be able to understand and apply the many valuable and practical suggestions which the manual contains.

BASCOM JOHNSON

TEEN CENTERS. California Youth Authority. Sacramento. 38 p.

This attractively printed brochure presents a variety of information about the eight or more types of organization of youth centers, but does not undertake to evaluate their activities or the results secured to any extent.

From the facts presented, however, the Authority draws certain conclusions regarding basic principles involved in the successful operation of youth centers. "A partial list" of California Centers for teen-agers numbers an even hundred, with others planned.

JEAN B. PINNEY

RECOMMENDATIONS ON STANDARDS FOR DETENTION OF JUVENILES AND ADULTS. Prepared by the Subcommittee on Detention of the National Advisory Police Committee on Social Protection. U. S. Government Printing Office. 1945. 32 p. For copies address Social Protection Division, Federal Security Agency, Washington 25, D. C.

This is another in the series of helpful manuals prepared by authorities in the field of law enforcement and pro-

fective measures in cooperation with the Social Protection Division. This one is announced as "for the guidance of communities and their responsible officials in providing adequate and humane facilities for adults and juveniles held in temporary detention." The text has been reviewed and approved by the National Police Advisory Committee as a whole, by the National Sheriffs' Association and the International Association of Chiefs of Police.

The material presented includes an *Introduction*, three *Chapters*, an *Appendix* and a *Bibliography*. Chapter headings are: *I. Standards for the Detention of Adults*, *II. Standards for the Detention of Juveniles*, and *III. A Community Program*. The *Appendix* contains supporting resolutions of the National Sheriffs' Association, the International Association of Chiefs of Police and the Congress of Correction. The *Bibliography* lists 15 or more standard publications including those of such well known authors and pioneers as Jane Addams, Katharine Lenroot and Healy and Bronner.

The *Introduction* gives a brief historical resumé of the jail and lockup situation in this country which, it is stated, have long constituted "a major source of scandal in our penological system." These bad conditions, it is pointed out, have been greatly aggravated by war activities. It is pointed out that "less than 500 of the 3,000 jails throughout the country have been approved for the detention of male Federal prisoners and a far lesser number for females." While the difficulty of rebuilding our jails on an extensive basis during the war period is recognized, the compilers state that they are unreservedly in favor of a minimum program of improvement which is both possible and practical.

Chapter I—Standards for the Detention of Adults—suggests that the average jail can be kept more sanitary at present; that first offenders, youths, witnesses, and those held in protective custody should be kept separate from hardened offenders; that all inmates shall be examined for contagious diseases and those found infected separated from the rest; that women and girl prisoners be afforded normal privacy and, if possible, be attended by a matron; that steps should be taken to exclude from jails all persons who have a legal or moral right to be

held in other facilities; that every effort be made to provide for prisoners opportunities for exercise, recreation and occupation in useful work; that law enforcement on a free basis be abolished and jails and lockups be operated on a budget basis; and finally that proper training be given all custodial personnel.

In *Chapter II—Standards for the Detention of Juveniles*—attention is called to increasing juvenile delinquency, as aggravated by war conditions, and the probability that the greatest single factor in such rise has been the neglect of children and of provisions for their care and guidance. It is stated with emphasis that while the problem cannot be met without adequate detention facilities a "sound community program is made up of a well balanced pattern of family and child guidance centers, foster homes, institutions, case work services to children in their own homes, and temporary detention outside of them." In general, children should be kept out of jail, and the number of them detained and the period of their detention should be kept at a minimum. Homeless or dependent children, those involved in study home programs, those requiring short term institutional care or temporary housing as witnesses should be kept apart from those who exhibit serious behavior problems. This objective requires maximum use of individualized foster homes, study homes, receiving homes, and scientific and well

managed classification, in the case of congregate care.

Chapter III—A Community Program—defines and outlines the functions of Foster Boarding Homes, Study Homes, Receiving Homes, Congregate Care and sums up by pointing out that detention must be closely integrated with other community services—it is only a preliminary to the use of other and more constructive services.

BASCOM JOHNSON

YOUNG OFFENDERS An Enquiry into Juvenile Delinquency. A. M. Carr-Saunders, Hermann Mannheim and E. C. Rhodes. MacMillan Company. New York. (London. Cambridge University Press) 1944. 165 p. \$1.75.

In 1938-39 the British Home Office planned and began a statistical study on juvenile delinquency, and up to the time that war with Germany began in 1940, had collected a large amount of data, as to home background, parents, community environment and other influencing factors. Two thousand delinquent cases were examined, a study being made at the same time of an equal number of non-delinquent children from the same environments. Wartime pressures naturally reduced the scope of this study, but it is interesting as a method, and may serve as a base line for future similar efforts which could prove extremely valuable.

JEAN B. PINNEY

Books on Medical and Public Health Activities

(Unless otherwise indicated, reviews are by WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association)

THE 1944 YEAR BOOK OF DERMATOLOGY AND SYPHILOLOGY. By Marion B. Sulzberger, M.D., Commander M.C. USNR. 1945. The Year Book Publishers, Chicago. 544 p. \$3.00.

Traditionally all of the venereal diseases were considered to be in the domain of the dermatologists. In continental Europe even at the present time dermatologists more than any other group of specialists are interested in syphilis, chaneroid, granuloma venereum, lymphogranuloma venereum and gonorrhea. The inclusion of gonorrhea in the field of specialization of dermatologists dates back to the

days prior to the establishment by Ricord of gonorrhea as a disease entity separate from syphilis and other venereal diseases with which it was confused.

It was natural that in the development of specialized fields of medicine, the venereal diseases, should have interested the dermatologists since each of them except gonorrhea presents skin lesions as an important manifestation. Lately in the United States gonorrhea has been assigned to the field of the urologist and gynecologist, while the internists have laid claim to syphilis. In Britain the whole group of venereal diseases are often included

in a speciality called "Venereology." However, dermatologists the world over still maintain their historic interest in syphilis, chaneroid, granuloma inguinale and lymphogranuloma venereum. This is well illustrated by the *Year Book of Dermatology and Syphilology* which appears annually under the competent editorship of Dr. Marion B. Sulzberger, Assistant Clinical Professor of Dermatology, New York Post-Graduate Medical School of Columbia University, and a member of the American Dermatological Association.

As indicated all of the important venereal diseases including even gonorrhea are dealt with in the 1944 edition. As the name implies the *Year Book* is a collection of summaries of the important contributions to the literature dealing with the diagnosis, treatment, investigation and public health control (if any) of skin diseases including the venereal diseases. The value of such a book depends upon the discrimination of the author in selecting articles and upon adequate abstracts of those selected for inclusion in the *Year Book*. In the opinion of this reviewer the task of selection and abstracting has been well done by Dr. Sulzberger and his assistant editor, Dr. Rudolph L. Baer.

One is impressed by the large amount of material on syphilis and the paucity of material on granuloma inguinale, a grave and much neglected disease entity. The fact is that comparatively little attention is being paid by investigators to this serious disabling condition.

The 1944 *Year Book* will make a valuable addition to the library of every health department, every social hygiene society and every individual who is attempting to keep generally abreast of the important developments in the field of dermatology including the venereal diseases.

MODERN CLINICAL SYPHILOLOGY. By John Stokes, M.D. Philadelphia., W. B. Saunders Company, 1945. Third edition, 1332 p. \$12.00.

Stokes' *Modern Clinical Syphilology* has taken its place among the great and authoritative medical books by English language authors. It is in a class with Osler's *Medicine*, Howell's *Physiology*, McCallum's *Pathology*, Williams' *Obstetrics*, Cunningham's *Anatomy*, and Thompson and Miles'

Surgery. These classical works have gone through many editions and are as widely used in Great Britain and the British Dominions and Commonwealths as in the United States. At the beginning of the century the authoritative books on syphilis in the English language were those of Sir Jonathan Hutchinson and D'Arey Powers. In recent years American authors, particularly Dr. Stokes and Dr. J. Earle Moore, leaders in the scientific study of syphilis, have led other writers, not only in English but regardless of language employed.

In this, the third edition, Dr. Stokes has been assisted by Dr. Herman Beerman and Dr. Norman R. Ingraham, his associates at the University of Pennsylvania Institute for the Control of Syphilis. In addition eight other assistants have collaborated in the preparation of the third edition. The text, which runs to 1272 pages, is 75 per cent new material in the sense that it has been extensively rewritten from the previous editions. Two entirely new chapters have been added, one on the subject of penicillin and the detoxicants and the other on public health and military medicine. The subject index runs to 60 pages. There is no author index or collected bibliography.

As in previous editions, there are many black and white pictures and line drawings, numerous tables and charts and extremely interesting and practical case histories. One of the qualities which places Stokes' *Modern Clinical Syphilology* among the great medical books is its literary style which is always vivid and lucid, never drab or obscure. It is hardly necessary to add that every syphilis clinic and every student of syphilis will find it essential to possess a copy of this latest edition.

ON MODERN SYPHILOTHERAPY—WITH PARTICULAR REFERENCE TO SALVARSAN. By Albert Neisser, Bibliography and Bibliography by Frances Tomlinson Gardner. The Johns Hopkins Press. Baltimore, 1945. \$1.00.

This slim monograph tells how Albert Neisser at the age of twenty-four made such an important discovery that the remainder of his life seemed almost an anti-climax. The book also publishes for the first time in English

a paper written by Neisser in 1911 on the subject of modern syphilotherapy. It is surprising how much written by Neisser thirty-four years ago is still true today.

This is a book which students of the history of medicine and all interested in syphilis and gonorrhea will enjoy possessing.

THE CONTROL OF COMMUNICABLE DISEASES. Subcommittee on Communicable Disease Control of the Committee on Research and Standards. 1945, 6th Edition. American Public Health Association, 1790 Broadway, New York 19, New York. 150 p. \$35.

This booklet gives a synopsis of the accepted essential information regarding all communicable diseases from actinomycosis to yellow fever including the five so-called venereal diseases: chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis. Since 75 diseases are dealt with it will be understood that even so important a disease as syphilis is allocated only two pages.

Each infectious disease is described under these headings: *Recognition of the disease, etiologic agent, source of infection, mode of transmission, incubation period, period of communicability, susceptibility and immunity, prevalence, methods of control.*

It is satisfactory to find that the measures for venereal disease control until recently considered rather advanced are now given official approval in this book which lists the following as recommended measures: "State legislation requiring antepartum serologic tests and legislation making physical and serologic examinations before marriage compulsory." "Repression of commercialized prostitution and of clandestine sex promiscuity, and of associated use of alcoholic beverages, with the cooperation of appropriate social and law enforcement agencies;" and "Personal prophylaxis should be taught and made available for use before or immediately after sexual intercourse to those apt to expose themselves to infection." A footnote points out regarding these measures that they "have not been accepted in Great Britain." Other footnotes state with reference to each of the venereal dis-

cases that "official notification is not required in Great Britain."

Pages 1 and 2 state that this is "an official report of the American Public Health Association" and that "this report is official with the United States Public Health Service, and the United States Navy" and "has been approved in principle by the Surgeon General, United States Army." The text dealing with most of the diseases "has been prepared in agreement with representatives of the Medical Staff of the British Ministry of Health."

The influence of this publication on the development of public health work not only in the United States but throughout the world is likely to be an important factor during coming years.

PENICILLIN THERAPY. Dr. John A. Kolmer, Professor of Medicine, Temple University. New York, D. Appleton-Century Co., 1945. 302 p. \$5.00.

At first glance the preparation of a book on penicillin therapy may seem to be a daring undertaking, since our knowledge of this antibiotic substance is rapidly changing from day to day. However, a consideration of the table of contents of Dr. Kolmer's book clearly convinces one that even in so swiftly changing a field of knowledge, there is much that is worth reporting to physicians and other scientists who are following with excitement the development of the "miracle drug." Dr. Kolmer, Professor of Medicine at Temple University and owner of many other qualifications, has been the first to bring together in book form our rapidly increasing but widely scattered scientific information regarding penicillin.

The book begins with a general discussion of chemotherapeutic compounds of biologic origin. This includes penicillin and several other antibiotics. The author goes on to discussion of the methods of production of penicillin; the detection and assaying of penicillin; the chemical and physical properties of penicillin; how penicillin acts *in vitro* and *in vivo*; and the pharmacology of penicillin. This occupies approximately half of the book. The remainder of the book deals with the practical problems of therapeutic use of penicillin in a great

many different diseases. An up-to-date appendix concludes the contents.

The reviewer is sure that everyone who has a sufficient training in the basic sciences to understand this book—and it is simply and lucidly written—will read it with real excitement. It is a bulletin from the very “firing line” of scientific advances.

MANUAL OF INDUSTRIAL HYGIENE.

Issued under the auspices of the Committee on Industrial Medicine of the Division of Medical Sciences of the National Research Council. Prepared by the Division of Industrial Hygiene, National Institute of Health, United States Public Health Service, with a preface by its medical director, Dr. J. G. Townsend. Edited by William M. Gafafer, D.Sc. W. B. Saunders Co., Philadelphia and London, 1943. 508 p. \$3.00.

THE PRINCIPLES AND PRACTICE OF INDUSTRIAL MEDICINE.*

Edited by Fred J. Wampler, M.D. The Williams and Wilkins Co., Baltimore, 1943. 579 p. \$6.00.

THE HANDBOOK OF INDUSTRIAL PSYCHOLOGY.

By Dr. May Smith. Philosophical Library, New York, 1944. 304 p. \$5.00.

Among the gains coming out of the war is the recognition by enlightened management, labor, health agencies, and increasingly by the medical profession, that the protection and promotion of health among workers in industry is a public health necessity and economically sound. As R. E. Gillmor, President of Sperry Gyroscope Company, has said: “A health program and health services in industry can increase the quantity and quality of production. Everybody gains thereby: the individual worker, management and the community.”

More detailed statements in a similar vein have been made in the regular health promotion services to their local affiliates and members by the National Association of Manufacturers and the Chamber of Commerce of the United States. The United States Public Health Service, especially its Division

of Industrial Hygiene, of course, has long taken leadership in this field.

The medical aspects of the movement for better health in industry, including directives and standards for setting up medical services in plants and firms, have been covered in booklets and brochures distributed by the three organizations mentioned above. An increasing number of medical schools have accepted industrial medicine as an important part of their curricula, some of these giving special post-graduate training in the field. The day is fast disappearing when the discontented general practitioner can seek new opportunities by overnight becoming head of the medical department of an industrial concern. Today the physician in industry must be prepared not only to take care of routine accident cases, but must be thoroughly conversant with the many hazards attendant on modern manufacturing processes such as dusts, poisons, fumes, temperatures, etc. Further, he must be versed in methods of controlling communicable diseases in industry, he must be a health educator, a public relations man, an administrator, and a humanitarian secure in his knowledge of mental hygiene.

All of these phases of the industrial physician's work are presented in the three books being reviewed. Each is a comprehensive study, and it is a comment on the emergence of interest in the subject that the books edited by Dr. Gafafer and Dr. Wampler, published in the same year, parallel each other closely, many of the contributors and their subjects appearing in both volumes. These contributors, experts in their respective branches, cover such subjects as the lay-out of the medical department and medical services for smaller plants, the physical examination, the nurse in industry, health education, absenteeism, nutrition, causes and prevention of accidents, illumination and eye conservation, noise, women in industry, fatigue; and offer authoritative guidance in dealing with industrial health hazards. Both manuals emphasize specific methods for the control, diagnosis and treatment of occupational diseases, and while aimed primarily at the industrial physician and engineer, can also be valuable aids to industrial and public health nurses, personnel directors, the medical student and practising physician, as well as to

* Reviewed also in June, 1944, JSH, but included here as deserving a second mention.

all health workers and educators concerned with industry.

Because of their excellence and similarity one is at a loss in choosing between these manuals. Perhaps the Wampler book might be preferred by the physician because it seems to make greater use of medical terminology. However, this is a difference without distinction. For example, both volumes carry an almost identical essay, and a very good one, on venereal disease control in industry, by Dr. Otis L. Anderson and another on available official services in industrial hygiene by J. J. Bloomfield. This similarity prevails even when the articles on the same subjects are by different authors. Perhaps Dr. Gafafer's compilation might be given a slight edge because of its lower price and its stamp of authority, having been prepared by the Division of Industrial Hygiene, US PHS, and issued under the auspices of the National Research Council.

Dr. Smith's *Handbook of Industrial Psychology* makes no mention of the maladjustments, psychic tensions and proneness to accidents attendant on industrial workers infected with the venereal diseases. Certainly many of the answers to the problems of prostitution and promiscuity must be sought in the field of psychiatry and mental hygiene; the prostitute and the causes motivating her patrons must have their effects on the psychological wellbeing of the worker in industry.

Aside from this omission, which Dr. Smith would undoubtedly explain on the ground that her book attempts only to be an introduction to the subject, her *Handbook* is an important contribution to a field of investigation that will have increased importance in the post-war period and one that should be studied and acted upon by those concerned with improving conditions in industry and thus increasing production. Dr. Smith, in a readable style, describes many cases of the effect of temperament, environment and the like on the worker's health and output. She indicates the way, often extremely simple, by which many common difficulties may be overcome to the benefit of the worker both on his job and as a human being.

PERCY SHOSTAC

CASES OF SYPHILIS UNDER TREATMENT IN CUYAHOGA COUNTY—MARCH, 1943. Joint Social Hygiene Committee of the Academy of Medicine of Cleveland, and the Cleveland Health Council. Howard Whipple Green. 66 pp. Mimeographed.

This is the sixth of the series of annual studies designed to chart the trend of syphilis in Cuyahoga County. Each year during the month of March, physicians, hospitals and dispensaries have made available to the Joint Committee data relating to patients treated. Each year from 1938 to 1941 the study has shown cases decreasing. In 1941 and 1942 an increase was noted. March, 1943, showed 4,269 cases, or 3.5 cases per 1,000 population, under treatment compared with 3,859 during March, 1942, or an increase of 11 per cent. This, however, is still 8 per cent fewer than in March, 1938, the highest figure yet found in the series of studies. Infected cases decreased from 641 in March, 1942, to 636, March, 1943.

Dr. James A. Doull, Chairman of the Joint Committee, says in a foreword:

"On March 1, 1943, when the present study was initiated, we had been at war just under fifteen months. This period was marked by unprecedented industrial activity and by a great increase in volume of money in circulation. Mr. Green's analysis shows that it was not marked by an increase in syphilis. It is true that 425 more persons were treated in March, 1943, than in March, 1942; but of these, 416 were males, indicating the results of serological examination of men called under the Selective Service Act. That most of these newly discovered cases were latent is shown by the fact that infectious cases treated during the month were slightly fewer in number than in March, 1942.

"Granted that there had been no real increase, the situation is nevertheless not one for complacency. If a few apparently simple tasks could be accomplished, syphilis could be stamped out, and in a short time."

JEAN B. PINNEY

FUNDAMENTALS OF INTERNAL MEDICINE. By Wallace Mason Yates, Professor of Medicine and Director of the Department of Medicine, Georgetown University School of Medicine. 2nd edition, D. Appleton Company, New York, 1944. 1170 p. plus index.

Professor Yates, with the assistance of thirteen contributors, has thoroughly revised his well-known textbook, bringing it up to date and including references to the latest methods of treatment, as for example the use of the sulfonamides and even to some extent the use of penicillin. The printing is good; the illustrations are numerous and superior.

The vast material of internal medicine is presented in this book first of all by diseases of systems, as for example the respiratory system, the endocrine system, etc. The presentation then turns to discussion of specific causes of disease, as for example allergy and the intoxications and infectious diseases. A section of the book follows dealing with dietetics, symptomatic and supportive treatment, clinical values and tables. The book is rich in tables presenting compact summaries of useful information as for example causes of ascitis, and differential diagnosis of the main vascular diseases causing gangrene of the extremities.

As in all books on general medicine, the subject of syphilis appears in many different places—under cardiovascular diseases, central nervous system diseases, diseases of the eye, and many others. In addition a section is devoted to syphilis as a disease entity under *Infectious Diseases*. Likewise gonorrhea, granuloma inguinale and lymphogranuloma venereum are presented in brief, separate sections.

It is perhaps inevitable in a book covering Internal Medicine very broadly that the discussion of any one subject is extremely brief and includes only selected important facts. On the whole it appears to this reviewer that the presentation by systems is the most valuable part of the book.

Admitting that there is room for some difference of opinion with regard to these minor criticisms, this book can be of great use to general practitioners, medical students and nurses who wish to have in concise form the most important facts regarding medical as distinguished from surgical conditions. The author is especially congratulated upon the many useful summaries and tables which appear throughout the book. These should be a boon to any busy medical man.

Pan American Bibliographies

Valuable reference publications recently issued by the Pan American Union, Washington, D. C., include:

Latin American University Journals and Sereal Publications. A tentative directory compiled by Katherine Lenore Moran. Division of Intellectual Cooperation. 1944. 74 pp. mimeographed. 50 cents.

Bibliography on Labor and Social Welfare in Latin America. Compiled by Sylvia Pollack Bernstein. Division of Labor and Social Information. 1944. 76 p. 25 cents.

Labor Trends and Social Welfare in Latin America. Ernesto Galarza. Division of Labor and Social Information. 1943. 133 p. mimeographed. \$1.00.

PUBLICATIONS RECEIVED

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

- CRIME IN THE NATION'S CAPITAL, 1944, Ninth Annual Report of the Washington Criminal Justice Association, 1420 New York Avenue, N. W., Washington, D. C. 21 pages.
- REPORT OF THE TWENTY-FIFTH ANNUAL MEETING OF THE HEALTH LEAGUE OF CANADA, Montreal, November 23-24, 1944. 111 Avenue Road, Toronto 5, Ontario. 24 pages.

Pamphlets and Leaflets for the General Public

- DOC CARTER VD COMICS, *Doc Carter Comes to Carville*. Published by the Venereal Disease Education Institute, Raleigh, North Carolina. VD graphic-71.
- HOW DOES YOUR BABY GROW? Maternity Center Association, 654 Madison Avenue, New York, New York.

Pamphlets for Professional Workers

- HEALTH AND SANITATION PROGRAM, AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND PANAMA, Effected by Exchange of Notes Signed at Panama, December 31, 1942 and March 2, 1943. Executive Agreement Series 428. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 5 cents.
- HEALTH AND SANITATION PROGRAM, AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND PARAGUAY, Effected by Exchange of Notes Signed at Washington, May 18, and 22, 1942. Executive Agreement Series 436. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 10 cents.
- HEALTH AND SANITATION PROGRAM, AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND VENEZUELA, Extending with Modifications the Agreement of February 13, 1943, Effective by Exchange of Notes Signed at Caracas, June 28, 1944, Effective July 1, 1944. Executive Agreement Series 427. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 5 cents.
- A STUDY OF THE HEALTH PRACTICES, KNOWLEDGE, ATTITUDES AND INTERESTS OF SENIOR HIGH SCHOOL PUPILS, by Warren H. Southworth, Jean V. Latimer and Clair E. Turner. Reprinted from the *Research Quarterly*, May, 1944.
- TEACHING AIDS, Maternity Center Association, 654 Madison Avenue, New York 21, New York.
- VENEREAL DISEASE CONTROL PROGRAM, Major Leonard L. Heimoff. Reprinted from the *Bulletin of the U. S. Army Medical Department*, No. 87, April 1945. 8 pages.
- YOUR POSTWAR JOB, National Organization for Public Health Nursing, 1790 Broadway, New York 19, New York.

IN THE PERIODICALS

Of General Interest

- THE AMERICAN JOURNAL OF NURSING, April, 1945. *Health for Everyone*, taken from *Wartime Health and Education*, the report of the Senate's Subcommittee on Wartime Health and Education; *Principles of a Nation-Wide Health Program*, formulated by the Health Program Conference, a group of twenty-nine persons including physicians, economists, and administrators; and "Medical Care in a National Health Program"—a statement of principles adopted by the American Public Health Association in October, 1944.
- May, 1945. *Nursing in the Other American Republics*, Janet W. Mackie, M.B.E., M.B., B.S.

- AMERICAN JOURNAL OF PUBLIC HEALTH, April 1945. *Lessons Learned from the Internal Security Program of the War Department*, W. H. Weir.
- June, 1945. *An Appraisal of a National Program for Medical Care*, W. G. Smillie, M.D.
- AMERICAN SOCIOLOGICAL REVIEW (Menasha, Wis.), April, 1945. *A Cooperative Health Association in Spanish Speaking Villages, or the Organization of the Taos County Cooperative Health Association*, C. P. Loomis.
- BETTER TIMES, April 6, 1945. *Social Education: A Joint Goal*, Dr. Stanley P. Davies.
- BIOLOGY AND HUMAN AFFAIRS, (British Social Hygiene Council) Spring Term, 1945. *Home, Community and Church*, R. Weatherall.
- THE CHAPLAIN, April, 1945. *Immorality or Immortality*, Ch. Harvey R. Kester.
- May, 1945. *The Future of the Church*, John D. Rockefeller, Jr.
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- June, 1945. *Today and Tomorrow in VD Control*, E. R. Coffey, M.D.
- SMITH COLLEGE STUDIES IN SOCIAL WORK, March, 1945. *Today's War and Tomorrow's Generation*, M. B. Durfee, M.D.
- SURVEY GRAPHIC, April, 1945. *Public Health in the Postwar World*, C.-E. A. Winslow, Dr.P.H.
- WISCONSIN MEDICAL JOURNAL, May, 1945. *Planning for Public Health*, J. W. Mountin, M.D.

ANNOUNCEMENTS

This Month.—A variety of difficulties conspired to delay the *Twelfth Annual Library Number* of the JOURNAL past all editorial (and we doubt not—reader) patience . . . Now that publication is a fact we have to apologize for non-inclusion of a promised feature, the long-awaited list of state and local social hygiene societies, because of lack of space. This is now planned for publication in the October JOURNAL, and is still expected to be reprinted as Pub. A-600 for free distribution.

In October.—*Community Programs*, recent and practical, make up what we believe will be a genuinely useful number. Among those described are: *Health Education in Action, a Joint Community Education Program in Hartford, Connecticut*, by Muriel F. Bliss, Gloria H. Cheplin and Alma M. Jackson . . . *Three Virginia Cities—Norfolk, Lynchburg, Danville,—Move Forward*, a progress report as told to the editors by Alex H. Bell, Dr. Harry Pariser, Dr. S. D. Sturkie and Maxine Beeston . . . *Social Hygiene Gets Down to the Grassroots in St. Louis*, by Dr. Harriet S. Cory and Josephine Brown . . . *A Progressive Note on the Pensacola Negro Health Committee*, by Commander M. C. Leider, MC, USNR . . . *National Events . . . News from the States and Communities . . . News from Other Countries . . . Notes on Industrial Cooperation . . . Youth Notes* and other departments as usual. 35 cents per copy postpaid.

The April Journal.—Robert Osborn's *Friday Letter* to New York County TB Associations suggests notation of this issue on *Recent Progress in Sex Education* as reference, and thinks it "will answer most questions on procedures for home, school and community programs" in this field of social hygiene . . . Acknowledged with thanks on behalf of the ASHA National Education Committee and with the further note that reprints are available from the Publications Service of these articles: *Sex Education and the Schools*, John H. Stokes, Pub. A-569. 10 cents . . . Roy E. Dickerson's two articles, *A New Sex Education Home Study Course for Parents* (Pub. A-587) and

Pre-induction Course for High School Students (A-597) are 5 cents each . . . *Sex Education Activities in the States and Communities* is A-596. 10 cents . . . *Education and Guidance Concerning Human Sex Relations*, by Maurice A. Bigelow, is A-601, and free on request. The whole number may still be secured for 35 cents postpaid.

Social Protection in Action in the Community—The May JOURNAL dealing with this topic is still available to some extent as a whole (35 cents as usual) and reprints may be secured as follows (10 cents each unless otherwise noted.) Pub. No. A-592. *The Mental Ability and Educational Attainment of Five Hundred Venereally Infected Females*, Robert D. Weitz and H. L. Rachlin. 5 cents . . . *A New Challenge to Medical Social Workers in VD Clinics*, Helen M. O'Shaughnessy (A-598) . . . *Lebanon County Looks After Its Girls*, Florence M. Long (A-599) . . . *Welfare and Community Action*, Florine J. Ellis (A-606) . . . *Youth-building in Jackson, Mississippi*, W. G. Hollister (A-607) . . . *Social Protection among Negroes*, Nelson C. Jackson (A-608) . . . *The Policewoman, Yesterday, Today and Tomorrow*, Imra Wann Buwalda (A-609) 5 cents. . . *Social Protection—A Summing Up*, with chart showing progress in wartime repression of prostitution in the communities. (A-593). Free.

A New Pamphlet on a Topic Not Well-known.—The "Minor" *Venereal Diseases* is the title of a new ASHA publication, by Walter Clarke, M.D., which seeks to dispel the idea that chaneroid, granuloma inguinale and lymphogranuloma venereum can be disregarded as health dangers. *Eight pages, illustrated. Popular style. 10 cents.* Pub. No. A-622. Free to Armed Forces.

For Young Men.—*For Home and Country* is a six-page folder urging prevention of VD through avoidance of exposure, with facts about syphilis and gonorrhea and advice on what to do if infection occurs. \$2.50 per thousand. Free to Armed Forces.

For information on these and other publications and materials, address Publications Service, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Journal of Social Hygiene

First Number in Peacetime

New Community Programs

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National Social Hygiene Day

February 6, 1946

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New Community Programs

EDITORIALS

SEPTEMBER, 1939—SEPTEMBER, 1945

Social hygiene had been on the firing line for almost six years when VJ-Day was proclaimed on August 15. The American Social Hygiene Association and the state and community social hygiene societies were among the first voluntary agencies to be called to the colors when President Roosevelt declared a limited national emergency in September, 1939; and soon afterwards military authorities, conscious of rising venereal disease rates among troops being concentrated for maneuvers, invited Association representatives to visit strategic areas and advise on means of repressing prostitution. In the "eight point agreement" adopted in May, 1940 by Army, Navy and Federal Security Agency to safeguard manpower from these destroyers of health and morale, voluntary social hygiene groups, along with the health departments and police officials, were full partners—from start to finish constantly alerted.

The results of this six-year battle are a part of our proudest national achievement. "Combined operations" of military, medical, public health and law enforcement strength, reinforced by the public opinion building power of the voluntary agencies, have produced

“the lowest VD rate in wartime history”; have given commercialized prostitution the worst beating of all time; have brought to victory the special lustre reflected from a nationwide pride in planning for and protecting its youth and its homes.

Helping to hang up this record have been—across the land—such community efforts as those described in this first peacetime number of the JOURNAL OF SOCIAL HYGIENE. To these communities—north, south, east and west—belongs abundant share of the glory. To them are due the rewards and benefits which spring from this endeavor to keep the hometowns good to come back to. To these communities also will belong the quite as difficult duty of holding the line in the days ahead.

As we close the war chapter and turn the page to peace, the American Social Hygiene Association salutes these community groups, with all others who have been allies in this splendid effort, whether community, state or national in interest and scope. Together, we make up a people to which social hygiene, for the future as in the past, pledges unremitting endeavor to achieve the high aims of the Association’s founders—the preservation of the American family, the guidance of youth, and the protection and improvement of the health and welfare of all.

NATIONAL SOCIAL HYGIENE DAY—1946

With this issue the JOURNAL brings word to its readers of the forthcoming observance of Social Hygiene Day, on Wednesday, February 6, 1946. This annual day of meetings great and small grew, as many of the Association’s members will remember, out of the wish of our friends in all the states of the Union, ever since the Association’s organization in 1914, to join with us in our annual meeting on the first Wednesday in February of each year. The great distances involved, the cost in time and money, made actual attendance impossible for many. An acceptable alternative was therefore found in a series of meetings held all across the country on the date of the American Social Hygiene Association’s own annual meeting. In 1937 more formal recognition was awarded to this occasion by giving it a name, and it was thereupon christened NATIONAL SOCIAL HYGIENE DAY. The 1946 observance is therefore the tenth annual event of its kind.

Worlds Apart

The world of that 1937 Social Hygiene Day is almost unbelievably far away—not in time but in distance traveled between this day and that. Think for a moment of the place names that mark the stages of that journey: Marco Polo Bridge, where the Japanese Army fell upon its Chinese neighbors; Munich, where Czechoslovakia was betrayed; the Nazi invasion of Poland; the fall of France; the Battle of England; Pearl Harbor; Bataan and Corregidor; the siege of Stalingrad; then the invasions of North Africa, Italy, and France; the return to the Philippines; and finally, in mounting crescendo, the collapse of Germany, the bombing of Hiroshima, and the capitulation of Japan. It is good to look back for a moment over the way that we have come, marvel that we have survived its terrible dangers, and give thanks that victory is ours.

Decade of Progress

This same tragic decade of wars and rumors of war saw great events also in other and more hopeful areas of human endeavor. In our own field of social hygiene, progress has been encouraging. The Federal Venereal Disease Control Act of 1938 made funds available for a nation-wide campaign against these diseases, and state and federal appropriations for this purpose have been steadily increased since that time. During the period when American involvement in the wars raging in Europe and Asia was a threat rather than an actuality, great strides were made toward strengthening the national venereal disease control program against the day of our entry into the conflict. In 1940 an over-all agreement was entered into by the United States Public Health Service, the Army, the Navy, the state health departments, and the American Social Hygiene Association, outlining a wartime venereal disease control program and defining the respective areas of responsibility of each of the agencies involved. In March, 1941, the Social Protection Division was set up to help state and local law enforcement agencies close houses of prostitution, an assignment that has since been successfully carried out in more than 750 communities of the country. In July of the same year the "May Act," which protects Army and Navy establishments against prostitution in areas where state and local laws or law enforcement fail or are unable to do so, was adopted by Act of Congress. Thus in times of troubled peace we prepared for war.

During the period when the organization for a wartime control program was, first, planned and, then, successfully put into effect, great advances were also being made in the fields of diagnosis and

treatment of syphilis and gonorrhea. Improvements in treatment were particularly dramatic. Scientists had long sought a specific for gonorrhea and a method of shortening the treatment time of syphilis. The sulfonamides seemed to hold good promise of providing the former and a combination of massive dosage with the arsenicals and fever therapy for the latter, when the discovery of penicillin, which provides an efficient, rapid, and safe method of treating both syphilis and gonorrhea, superseded earlier forms of therapy for gonorrhea and may do so for syphilis.

Hope for the Future

The ten years under review, therefore, come to an end in the early morning light of a great new day. It is still dawn and the shape of things to come is not yet entirely clear, but the promise of noon is glorious. It was to plan for this bright new world that the National Conference on Postwar Venereal Disease held in St. Louis in November, 1944, brought together nearly a thousand leaders in the fields of medicine, public health, legal and social protection, and education in health and human relations. The conviction of the experts gathered there was that the virtual eradication of syphilis and perhaps of gonorrhea could be accomplished within the foreseeable future.

Victory—And Beyond

And then, within six months of this great gathering to plan for the postwar program, come victory and the beginning of the gradual return to peacetime conditions. Victory is the crest attained after a long arduous climb: peace offers a broad sunlit prospect that stretches to the horizon. We have only to travel carefully the difficult downward path and that bright world is ours.

The social hygiene movement sees that world in terms of healthy lives, happy families, and communities where young people can grow up in safety. A great deal of the very real and remarkable progress of the past decade, it will be noted, has been made in a rather limited field—that of treating existing cases of syphilis and gonorrhea. It is of course vitally important that such cases should be found and put under treatment. We must remain on the alert during the critical postwar period to the need for adequate health services to deal promptly and effectively with infections. Our tax dollar cannot be better spent.

Lest We Forget

But we must never lose sight of the fact that syphilis and gonorrhea are *preventable diseases*. They are transmitted from an infected

individual to an uninfected one by intimate contact—usually sex contact. By the laws of chance, therefore, the promiscuous man or woman who has a number of sex contacts with different persons is the one most likely to acquire these infections—and to pass them on. This chain of infection must be cut if we are to see the eradication of the venereal diseases in the days of peace beyond victory. One way to break the chain is to find and render non-infectious the persons who are spreading disease. But by education, by social protective activities, sex conduct can be modified and the number of exposures and of new infections can be reduced.

And it must also never be forgotten that sexual promiscuity is a thoroughly bad thing in itself, quite aside from the role it plays in the transmittal of the venereal diseases. Human experience has shown that stability in sexual relations is a vitally important factor in individual life. The promiscuous person has no continuity of experience, no stable foundation on which to build a happy and successful life. He will bring to his marriage no sense of commitment; he will give to his family no feeling of security. All young people must be helped to see sex conduct in its true perspective. Here is a task for the best efforts of home, school, church, and the youth-serving and character-building agencies.

Nor must the threat of the return of prostitution be forgotten. This illegal business is an "ancient evil" with deep roots in many American communities. The plant may have been cut down during the war but the roots live on, ready to send up new shoots as opportunity offers. It would be a tragedy if the coming of peace brought with it the reopening of "the houses" and everything that that means in terms of lowered community standards.

Question and Answer

The solution of these social hygiene problems of the future lies in the home towns of America and in the hands of the citizens of these towns.

Do they want to see the burden of venereal disease lifted and are they willing to work—and spend—for that end?

Do they fully understand the evils of commercialized prostitution—in the damage that it does to the home and the family—in the corruption of local government—in the spread of the venereal diseases—in the exploitation of young people; and are they willing to stand firm for all time against the return of this criminal business and its attendant evils?

Have they thought seriously and sanely about the vital importance of giving young people high standards of sex conduct, and of the part that such standards play in the building of happy lives? Are they prepared to mobilize every resource of home, school, church and youth-serving agencies to provide information and guidance for youth concerning the role of sex in life—and protection from the tragedies growing out of misunderstanding of that role?

Only one answer to these questions can be given by the informed citizen, the wise community leader. That answer is *yes*. But the tasks that such an answer poses are not simple tasks: they call for the best thought and the united effort of all men and women of good will. They constitute a challenge to the community as it looks forward to the days beyond victory.

A Decade of Peace

Let us therefore use this forthcoming Social Hygiene Day observance to plan for a decade of peacetime progress toward the major objective of our program: the protection of the family and its members from the perils to health, happiness, and home that grow out of the venereal diseases, prostitution, and the failure of parents, teachers and religious leaders to give young people wise guidance in meeting their sex problems. This is a cooperative venture calling on the combined energies of local social hygiene associations and groups, health departments, medical societies, nurses, social protection committees, army and navy venereal disease control officers, law enforcement agencies, health councils, councils of social agencies, family welfare associations, educators, church leaders, youth-serving agencies, labor organizations, pharmaceutical associations and many other groups for its successful completion.

If no agency or group is at work in your community, plan a meeting now. Set up a Social Hygiene Day Committee drawn from such interested agencies. Write to the American Social Hygiene Association for copies of its Social Hygiene Day announcement folder for distribution to such leaders. Ask also for a copy of the Association's new kit of program and publicity aids and helpful background material to help you in making your plans. *Keep the Association informed about your needs and your plans.**

ELEANOR SHENEHON
Director, Community Service

* Remember the address: AMERICAN SOCIAL HYGIENE ASSOCIATION, 1790 Broadway, New York 19, N. Y.

SOCIAL HYGIENE GETS DOWN TO THE GRASS ROOTS

AN ACCOUNT OF THE FIRST YEAR OF A NEIGHBORHOOD CAMPAIGN FOR
VENEREAL DISEASE EDUCATION IN THE CITY OF ST. LOUIS,
MISSOURI

HARRIET S. CORY, M.D., *Executive Director*

AND

JOSEPHINE M. BROWN, *Chairman, "Area Project"*
Missouri Social Hygiene Association

For some years past the Missouri Social Hygiene Association has been planning to undertake intensive educational work in certain selected areas in our home city of St. Louis. A city-wide educational campaign begun in September, 1943, by means of billboards, street car and bus cards, posters and other methods and materials for "mass education" had brought good results and had been extended by popular demand far beyond the time planned.* The MSHA decided that this general campaign logically should be followed by intensive educational efforts among small groups and on a person-to-person basis. Early in 1944, therefore, what we are describing here as an "Area Project" and a "Negro Project" were embarked upon.

THE AREA PROJECT

The Plan

As our "areas" we decided to use the "neighborhoods" as designated by the City Planning Commission. As shown by the map (*Figure I*) there are 99 neighborhoods, grouped into five "regions." We chose this divisional plan rather than the Census Districts, because these areas will figure importantly in civic postwar planning, with which naturally we are vitally concerned. Beginning with the Montgomery Area, as the year advanced and we were able to take on additional workers, the work expanded into the Areas of Forest Park, Chouteau, Soulard, Easton, Goodfellow, Cabanne, Lafayette, Maplewood, Sherman Park, Academy, Blair, Eads, McKinley, Pontiac, Murphy, Webster and Longfellow.

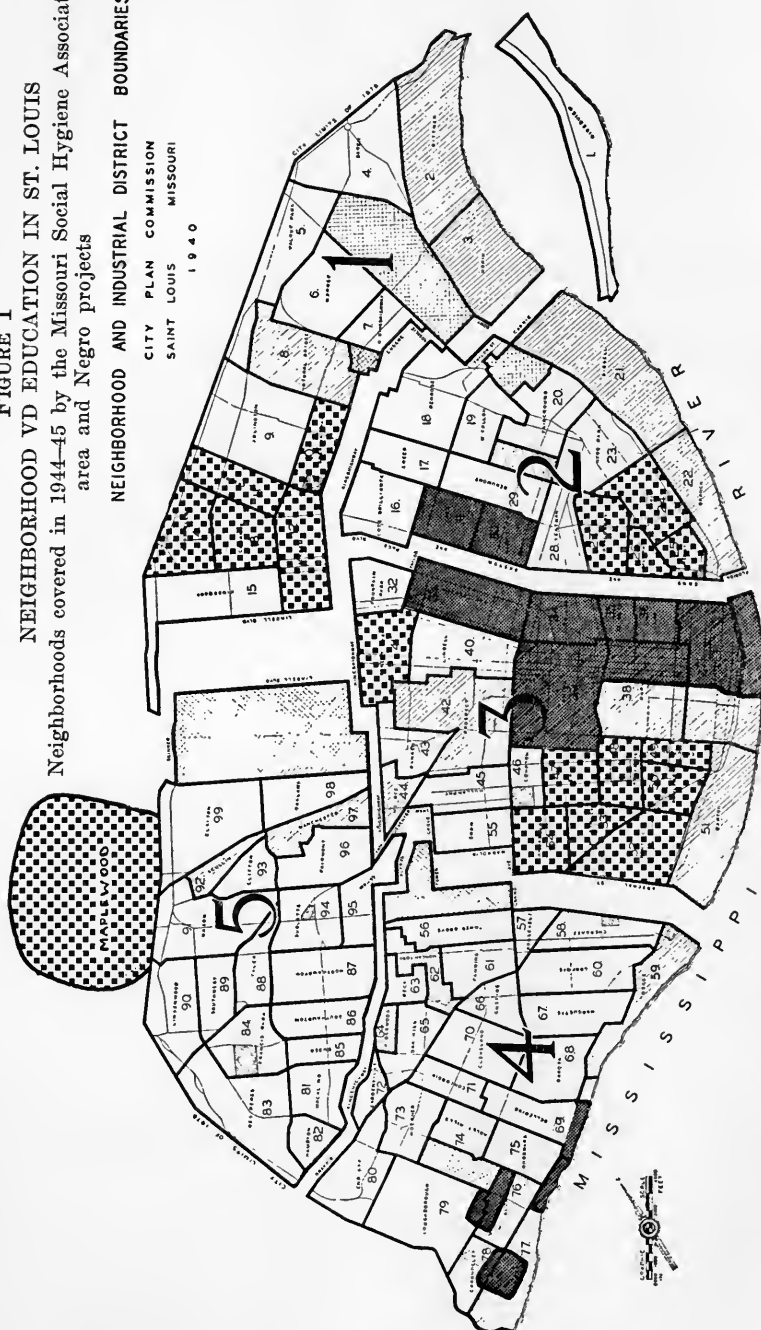
Our plan of procedure was as follows:

1. We gathered enough data about each area to acquaint us with the facts concerning population, housing and economic conditions, the educational, recreational, and religious resources, and any special problems of the neighborhood.

2. "Courtesy calls" were made on all the ministers, school principals, doctors, druggists, police officials, presidents of parent-teacher associations, and fraternal, political and other clubs, and other neigh-

* See *Journal of Social Hygiene*, November, 1943, for report on this project.

FIGURE I
NEIGHBORHOOD VD EDUCATION IN ST. LOUIS
 Neighborhoods covered in 1944-45 by the Missouri Social Hygiene Association's
 area and Negro projects
NEIGHBORHOOD AND INDUSTRIAL DISTRICT BOUNDARIES
 CITY PLAN COMMISSION
 SAINT LOUIS
 MISSOURI
 1940





LEGEND

- INDICATES NEIGHBORHOOD AND INDUSTRIAL DISTRICT BOUNDARIES
- INDICATES MAJOR STREETS NOT USED AS BOUNDARIES
- INDICATES INDUSTRIAL DISTRICTS
- INDICATES LARGE PARKS AND CEMETERIES NOT INCLUDED IN ANY DISTRICT
- INDICATES LARGE PARKS INCLUDED IN DISTRICTS

CITY REGIONS

- 1—Northwest
- 2—Northeast
- 3—Central
- 4—Southeast
- 5—Southwest

-  Area Project
-  Negro Project

neighborhood organizations and agencies. To them we told our plans, asked their advice and tried to get their slant upon the neighborhood and their suggestions of special groups or individuals upon whom we could call for cooperation.

3. We made house-to-house visits, telling people in an impersonal way of the value of general blood-testing in the civilian community, and giving them addresses of places where blood tests could be secured. We gave out the leaflet shown in *Figure II*,* and distributed many

FIGURE II

PUBLIC HEALTH ENEMY No. 1
On the War Front and on the Home Front

VD
(Venereal Disease)

***Syphilis the Killer and Gonorrhea
the Crippler***

They are Communicable Diseases like Measles, Diphtheria, and Tuberculosis

They Can Be Prevented - - They Can Be Cured

YOU CAN HELP by your intelligent attitude toward this important health problem.

YOU CAN SUPPORT your local health authorities in their effort to find, treat, and prevent VD by heeding the following information and passing it on to others:

1. Avoid exposure; a high percentage of infections is due to promiscuity.
2. Remember, for syphilis, a blood test is the only way to know for sure.
3. Beware of the quack, go to a reputable physician or clinic and continue treatment until discharged. Delay makes the cure longer and more difficult.
4. If you have one of these diseases keep up your courage! ! You can be made non-infectious in a short time so that you can go on with your treatment while living in your family and attending to your job, without endangering others. Medical science has wonderful weapons for fighting VD—USE THEM!
5. Blood tests may be obtained:
 - (a) Through your doctor.
 - (b) At a private approved laboratory.
 - (c) At private hospitals, (for a small fee). Telephone hospitals for Clinic hours.
 - (d) **FREE**—at the Municipal VD Clinic, Room 18, Municipal Courts Bldg., 1300 Market Street.
Clinic Hours: 8:30—3:30 Monday through Friday (Except legal holidays)
8:30—10:30 Saturday
 - (e) Homer Phillips Hospital and City Hospital—only on referral from the Municipal VD Clinic.

Distributed by the
Missouri Social Hygiene Association
3713 Washington Boulevard
Member United Charities, Inc., and Social Planning Council of St. Louis

— (M) —

LEAFLETS DISTRIBUTED IN HOUSE-TO-HOUSE VISITS

copies of U. S. Public Health Service pamphlets which were supplied by the VD Control Service of the State Department of Health. We worked up groups for film showings as we went along, the films used being the USPHS *Know for Sure* and *Fight Syphilis*. This part of

* Note in "where to go" that the physician is listed first, emphasizing the fact that any VD control program rests ultimately upon the private practitioner. Integrated functioning of the private physician and the health department is essential for success.

our Area work, therefore, became a cooperative project with the St. Louis Social Planning Council (of which the Missouri Social Hygiene Association is a member agency); the State VD Control Service, the City VD Control Service (which supplied films, projector and operator) the St. Louis Medical Society, which sponsored the project, and the American Social Hygiene Association.

One Year's Progress

Because of the experimental nature of the Area Project, its beginnings were cautious and watchful. Well meant warnings concerning the danger of knocking at the doors of St. Louis homes with a message concerning VD put us on our guard. Some advisors suggested that we might be more warmly welcomed with a stick of dynamite in our hands. Consequently, every precaution was taken not to offend the sensibilities of the public. Aside from the courtesy calls made on agencies and officials who might in any way be concerned with the neighborhood program, postal cards were sent to tell people that they could expect a call from us. We introduced ourselves and our subject carefully. But, to our delight, before long it became apparent that our apprehensions were groundless, and that the people were quite ready to receive our message. We simplified our approaches and relaxed.

In October, 1944, when our staff was augmented by five workers, including Mrs. Fred Armstrong, Mrs. Otilie Gildehaus, Mrs. Alexander Langsdorf, Mrs. Ruth Roach and Mrs. Boyd Speer, our program really got under way. Now eight months of intensive work are behind us. Almost 14,000 people have listened to us in large and small neighborhood audiences, and about 35,000 house-to-house visits have been made. 119,381 pieces of literature has been given out. Most significant of all is the number of volunteers who have been recruited. Almost 300 men and women have helped us in house-to-house visiting and distribution of literature.

Seventeen areas in the city and one in the county (Maplewood) have now been covered. In each area we have met with groups in schools, churches, and organizations of many kinds. In most areas, well over 90 per cent of such groups have heard us. We had originally aimed at reaching 60 per cent of the population in each area in house-to-house visits, but have greatly exceeded this figure. An average of 80 per cent is more nearly what we have achieved. Mrs. Speer reports that she has exceeded her goal of 85 per cent in Maplewood, Mrs. Langsdorf has covered 85 per cent of the areas Cabanne and Academy, and Mrs. Roach exceeded this record in Sherman Park and Goodfellow Areas.

Mrs. Gildehaus, in the largest territory of all, has done a remarkable job of visiting. Hundreds of stores and industries, as well as thousands of homes, have been reached by her and her volunteers. She has made splendid use of the Boy Scouts in this work, who have thus been given credit for their civic affairs project. Mrs. Langsdorf has been very resourceful in obtaining good volunteers, some of whom

have come again and again. It was through her efforts that the Nurses Aides at St. Luke's Hospital did visiting for us as part of their training. In four areas—Montgomery, Blair, Webster and Murphy—60 volunteers and Republican and Democratic Ward Workers have taken dodgers to thousands of homes. In the Forest Park Area, Mrs. Armstrong covered her district with individual volunteers and with the Navy Wings Mothers who took over all the rest of the area. It was a signal accomplishment.

Each member of the staff has used much ingenuity in working out her area program; and the group as a whole has profited by each new method of approach. It has been interesting and gratifying to note the increased enthusiasm of the staff for the social hygiene program in general, and for the VD project in particular, as the work has progressed. Due to their interest and application, it was possible to make the apprenticeship period remarkably short, considering the demands made upon the workers. Considering, also, the untried nature of the project and the possibility of public utterances being misunderstood in such a program, it seems a real triumph and a tribute to the understanding and painstaking care of the workers that such incidents to date have not been reported.

Report by Radio

At the Annual Meeting of the Missouri Association on February 7, held at the International Institute, the program was given over to a radio broadcast describing the Area and Negro projects. We called it *A Rehearsal for a Broadcast*, and staff members sat around a table and told the story of our work. We were gratified when another agency in the city later followed the same plan. Weekly broadcasts of 15 minutes each have been given regularly over Station WEW (St. Louis University), the question-and-answer type of program being most often presented, with members of the staff and visiting celebrities being interviewed. It is important to note that we have had not one word of criticism concerning this program—although the words “venereal diseases”, “syphilis” and “gonorrhea” have been freely used. Mrs. Armstrong's long experience as head of OCD radio publicity has stood us in good stead.

Youth and Their Elders

While most of our effort has gone into the VD educational campaign, we have had many opportunities to talk on general social hygiene to adolescent groups—boys, girls and mixed groups. The opinion has been widely expressed that more such meetings should be held and frequent requests for them “in the fall” have been received. Time and again when we have talked to parent groups we have been told that we should be showing the film and giving the talk to their children. This is, of course, the reaction that we have hoped to find. The adolescent groups have been gratifying in their serious attitude and in the eagerness of their questionings. Dr. Jules Kopp has been most generous with his time and successful in his dealing with the boys. Mrs. Langsdorf has been unusually

skillful with the girls, and her experience of almost thirty years in parent education has been of great value. Youth meetings at Y.M.H.A., Neighborhood House, Caroline Mission and Greely Memorial have been well attended. School principals have expressed their wish to have a series of talks on social hygiene, and all have said that the last year of high school is too late to start. Parent groups have been almost unanimous in agreeing that boys and girls should be shown the films in the 8th grade, or the first year in high school.

Variety Spices the Program

We have had to treat our subject in a number of ways in order not to become stale in our constant restatement of it. The great variety in our groups of necessity has demanded different presentation. Among the interesting groups we have met with are: labor unions, foreign groups, political organizations, local improvement clubs, patriotic societies, a Mortuary College assembly, an Artists' Guild, hospital aide and nurses' classes, and, of course, innumerable church and school groups. Breakfasts, lunches, suppers; morning afternoon, evening and Sunday meetings have given variety to our appointments. We considered it a high spot when the regular morning Sunday service was turned over to us by a Baptist church. Some of the worst weather of the year found us coming home near midnight. Though we were glad to speak to large groups, we sometimes considered the smaller ones of greater importance. We often sat around the quilting-frame or the coffee-table and discussed our subject and answered questions. Many of our volunteers came from such groups.

Labor Cooperates

Labor groups have been easy of access and courteous. At times we have been given only five minutes in which to describe our project, but these short talks have often resulted in a later film showing. The largest such meeting, including 800 union men, was addressed by Mrs. Gildehaus. Two of the staff were once present at a "walk-out." Many hours have been spent waiting for important meetings to be concluded behind locked doors before our opportunity came to have the "mike" and the audience. It was during those hours that we learned how to crash meetings. To our astonishment, we were given places on overcrowded programs when we knocked and sold our project through narrowly opened doors. One hard-crusted labor leader, who referred to us as "lovely ladies," gave the signal for a rising round of applause which continued until we had bowed ourselves out of the door.

How Volunteer Workers Are Recruited and Put to Work

Since our house-to-house visiting is the outstanding feature of our project, our methods of recruiting volunteers should perhaps be described. We always tell audiences of our volunteer program, though in groups such as large labor unions, where members come from all over the city, we naturally do not often obtain help nor do we always ask it. It is with the neighborhood groups that we are most successful.

Some of the sources from which we have secured volunteer workers are:

Individuals from audiences addressed.
Organizations which take over whole areas or sections of areas—Salvation Army, Navy Wings Mothers, or Boy Scouts.
OCD Block Units—where still in existence.
Auxiliary Police.
Ward organizations.
Social Planning Council—Volunteer Service Division.

Methods of having the work done have varied and developed until we now have a definite technique in using volunteers. At first we asked an individual to take the block around her home and cover it at her leisure. This we found, in checking up, was not always successful since the required leisure does not always present itself. We came to the conclusion that the work is best done in groups or pairs. It is a rather formidable job we are asking, which needs the stimulation of a fellow worker. If one sees a co-worker across the street ringing doorbells, one's own strength is multiplied many times. The necessary challenge is supplied.

We find our "Flying Unit" the most successful of our methods. A staff member fills her car with volunteers and goes to an outlying neighborhood. The map is produced and red and green pencils mark off the territory to be visited. For two hours (that is as long a stretch as most workers can last at this intensive job) each worker goes to every door—first, second and third story, in a given block. Houses, flats, shops, stores; all are taken in. Whenever possible, two doorbells are rung at once, for three people make a group, and a group is stimulating and will talk things over later. In courtyards; around which six or eight families live, one family will take the responsibility of giving literature to an absent neighbor. We always call attention to the importance of the blood test, to the address of the VD Clinic, and to the necessity for a pregnant woman to go to her doctor early. Since we see many young mothers this gives each worker a feeling of the importance of her message.

A feature which has become very popular among our Flying Units is the coffee party afterwards. After two hours of climbing stairs and ringing doorbells there is need for refreshment. The weather eye of each worker is out for a bakery and a place to have coffee. Since many of our forays are in neighborhoods new to some of our volunteers there is the adventure of finding interesting little places to eat. Over the coffee cups reports of the day are given and it is often here that the volunteer becomes thoroughly sold on our program, and our educational program is functioning at its best. The three hundred adults who have helped us will each have a keener interest in social hygiene because they have done so.

Summarizing the methods of carrying on house-to-house visiting:

1. Individual takes block near home—no time set—report later.
2. One staff member, one volunteer working together.
3. Flying Unit—car full of workers—coffee and reports before separating.

4. Organizations become responsible for certain areas. Workers are met and instructed and selected leaders put in charge.

5. Church group takes time at beginning of Church Work Day. A member of the staff marks off territory, takes block of her own. All return to church at stated time to report. (They get some of their church visiting done at the same time.)

6. Hospital aides do visiting as part of duty (St. Luke's Hospital).

As a follow-up of the volunteer program, we send a letter to each person who has helped us, telling of the progress made and thanking her. Enclosed is a self-addressed card asking for further help, suggesting one morning or afternoon a month. We are hopeful that many will respond when so little time is asked. Copies of the year's report will be sent to key persons who have shown interest.

Summing Up

Always we have stressed the neighborhood area and have worked from the small unit up. We are impressed anew with the need to reach people in their homes when we see the small attendance at many meetings in under-privileged neighborhoods. For instance, in one public school where there are over 1,000 children registered, the average attendance at parents' meetings is between 8 and 15! The people who stay at home are often the ones who most need our information. Ministers, priests, and school principals are often in despair at their inability to get the people out.

The small shops and stores in each neighborhood have been a valuable source of help in our distribution of literature. We have learned that there are hundreds of such stores scattered all over the city. It still rather surprises us to find, that with rare exceptions *all* of them take dodgers and assure us they think it is a good work. Most of us have had NO refusals.

Industrial plants, too, have been most willing to help. One exception was a large box factory where the doctor of the institution advised the manager that such literature would cause "a stir" and would better not be distributed. The manager agreed afterward to post dodgers on his eight bulletin boards. Many of them say, "We are for this program—what do you want us to do?" Several have stated their intention of instituting blood tests, and others, but for the labor shortage, would have them now.

One large firm, the Samuel Shoe Company, gave its employees time off to see the film, *Know for Sure*, the Catholic Charities of St. Louis supplying its auditorium. Other industries have given time for talks, but most of them are so pushed for time that giving out dodgers is all that they can do. But when one considers giving out 3,000 and 4,000 dodgers to individual employees, as Monsanto and Anheuser-Busch respectively have done, one realizes that the willingness to help is there.

Auxiliary Police have helped in the distribution of dodgers to the taverns to be given out to customers. In the 12th District they saw to it that dodgers were posted in all the tavern toilets. We have been advised by police captains that when going to taverns in our blocks

we should go in twos, but even in such places we have received the same courteous treatment as elsewhere. One Polish woman who helps her husband in their saloon said, "Here is the best place to bring your dodgers. I leave them on the counter and people take them as they go out." An owner of a poolroom said, "One hundred-fifty boys a day come in here—who could need it more? I'll take as many as you bring." Comfort stations, bathhouses and hospitals have posted dodgers.

We have found that the direct approach is best. In the second sentence, if possible, we introduce the words "venereal disease," and do not use such phrases as "health problems" or "social hygiene," the meaning of which is obscure to some people. If we mention VD at once, our subject is put on a firm basis and can then be discussed objectively and without embarrassment. We have found a minimum of "dropping of the eyes". With most people there is simple, serious attention.

Summary of Activities—Area Project

May 1, 1944—July 31, 1945

<i>Talks</i>	231
<i>Film-showings</i>	89
<i>Attendance</i>	13,885
<i>Visits</i>	34,706
<i>Pieces of literature distributed</i>	119,381
(Total population, 18 Areas, from 1940 Census.)	195,539)

THE NEGRO PROJECT

On March 13, 1944, a group of individuals who would logically be interested was called together by the Missouri Social Hygiene Association for informal discussion regarding promotion of a program of cooperation with Negro groups in VD education. Mr. Raymond Clapp, then Assistant Director of the Social Protection Division, Community War Services, presided. It was voted to request the MSHA to sponsor a Committee with that purpose in view, and the first meeting of the Association's Interracial Committee was held on April 26, 1944, with Mrs. Maurice E. Mendle, Chairman, presiding.

The Negro Project is in reality a part of the Area Project, and is similar in its general techniques and approaches and in its purpose. It differs from the Area Project in that no specific areas of the city are "worked" as special units, except insofar as the Negro population is largely concentrated in certain sections. The staff, headed by Mrs. Audia H. Roberts, and consisting entirely of Negro workers, devotes most of its efforts to house-to-house visiting. Mrs. Roberts gives lectures and arranges for meetings and film-showings. The following excerpts from her monthly reports indicate the scope and progress of the work:

"On May 1, 1944, I was employed by the Missouri Social Hygiene Association to conduct a venereal disease educational program among St. Louis Negroes. In any social work, a never ending task, you must find a place to start and go on from there. I took a month to orient myself to the new field. I read books,

magazines, pamphlets, all the annual reports of the local and national social hygiene associations, and had frequent conferences with Dr. Cory. After this, I began to make telephone and personal contacts with key people—ministers, heads of social agencies, executive secretaries of the YMCA and the YWCA, health centers, recreational directors, etc., to find out their reactions to such a program. It met with their approval, which was very encouraging.

"The Urban League has organized Federated Block Units west of Grand Ave. so I began to make health talks to these groups. Later I branched out to larger gatherings, such as the churches afford. Since it was a primary election year, I spoke at several political rallies. In July, Dr. Cory suggested that I experiment with home visits, so I began to recruit volunteers. The Junior League Girls took several blocks and promptly completed their assignments. I succeeded in securing six women from Mothers' Clubs and we undertook to do Carr Square Village, a government housing project of 658 families. By the end of August this work had been completed and I was convinced that the home visit plan is a very effective method of putting over such a program.

"Looking forward to an intensive fall and winter campaign, I secured five physicians, one high school teacher and a college professor to compose a volunteer Speakers' Bureau. A few months previously the Tuberculosis and Health Society of St. Louis had employed a Negro woman to direct some of its work. We held several conferences to see if we could correlate our program and agreed on plans for several institutes for the fall and winter seasons. The first of these was for waiters and waitresses; the second, for barbers and beauticians; the third, for ministers. On the whole, these institutes were very successful.

"In October, Dr. Cory gave me seven paid assistants and we really went to work! We tackled the district from Jefferson Avenue on the west to the river-front on the east, and from Cass Avenue on the north to Park Avenue on the south. We are now visiting westward from Jefferson Avenue to Grand Avenue, between the same north and south boundaries.

"The Negro public has received this program favorably and the work has gone on smoothly to date. I have found a few federated clubs who intimated that this information is not for them, but they were infrequent. I find that the films furnished by the Health Department are an incentive to get people to attend meetings."

"The people are very cooperative and courteous. Several have asked if the entire city is being visited. When I reply in the affirmative, they marvel over such a program. I have heard these expressions—'Good program. You have the right method in putting it over', 'I wish you success', 'It is so much needed'. Always 'Thank you' when I leave.

"The manager of a drug store told me that from 75-100 soldiers and civilians come to his place each month for drugs to treat themselves for venereal diseases. He refuses to sell the medicine they request, hence he was anxious to have some publicity and all the literature we could give him.

"The Alpha Kappa Alpha Sorority, an organization of college women, received the program enthusiastically. A lively discussion followed my talk and a showing of the film *Know for Sure*. The teachers present regretted such films cannot be used in the schools. The Meharry Alumni, dentists and physicians, graduates of Meharry Medical College, endorsed the program unanimously. They gave me permission to use their offices for distribution of literature. The Mitchell Taxi Company is the most appreciative group I have met, I think. Nobody had heard of the program prior to my visit. After my talk Mr. Mitchell made a stirring speech. He praised the Missouri Social Hygiene Association for sending a representative to them, said he would take a blood test and gave his employees a limited time in which to have theirs made. As I arose to leave, one man said to the others 'Boys, if you see Mrs. Roberts waiting for a street car, take her to her destination without charge.' Mr. Mitchell assented."

Summary of Activities—Negro Project

May 1, 1944 to July 31, 1945

<i>Talks</i>	197
<i>Film showings</i>	59
<i>Attendance at talks and film showings</i>	7,353
<i>Home visits</i>	28,100
<i>Pieces of literature distributed</i>	36,327

Summary of Combined Activities—Area and Negro Projects

May 1, 1944–July 31, 1945

<i>Talks</i>	428
<i>Film showings</i>	148
<i>Attendance at talks and film showings</i>	21,238
<i>Home visits</i>	62,806
<i>Pieces of literature distributed</i>	155,708

CONCLUSIONS AND FUTURE PLANS

The Missouri Social Hygiene Association's Board of Directors, the Project Chairman and the staff are united in their feeling that projects of this type have an important place in the education of St. Louis for protection against venereal diseases. By laborious trial-and-error methods, the techniques needed for this work have been gradually acquired and the work goes more efficiently, smoothly and quickly with each new area opened. In conclusion, the following points seem important for emphasis:

I. Staff:

The Executive Director has long felt that there is a great deal of training and talent going to waste among women who though unable to take a full-time job, can undertake part-time work and that—especially in these times when personnel has been so difficult to obtain—this training and talent should be utilized. Specific training in social hygiene, as such, is not considered essential, but certain personal attributes and certain general kinds of experience are regarded as important. These included organization or administrative experience, ability in public speaking, imagination, good personality, initiative and tact.

II. Methods:

Factual data about an area should be secured before attempting to "work" it. It is important to know the population—its size, where and how it lives, how much money it makes, its composition (number of native-born white, foreign-born, colored, et cetera), its educational level. This information need not be detailed. It may be obtained from the Census Bureau, the City Plan Commission, the Social Planning Council or similar organizations.

Advance information about the general physical composition of the area is also useful, in order to gauge the personnel needed for house-to-house visiting, and to estimate the best methods of handling the

area. A primarily industrial section, for example, requires a different approach from one which is predominantly residential.

A thorough knowledge of the established agencies in the area is essential—the community centers, schools, churches, clubs, and other organizations.

Heads of the social agencies, schools, et cetera, should be visited in order to explain the purpose of the work and enlist their active cooperation and support. Make a list of physicians and dentists in the area and send a worker to visit each one with samples of literature and an explanation of the program. Include business concerns, factories, small stores, and other establishments, which will usually cooperate at least to the extent of distributing literature to their employees.

Make use of "ready-made" groups wherever possible; that is, ask for time on regular programs rather than try to arrange separate meetings. Ask for volunteers from such groups to do house-to-house visiting. Make use of Auxiliary Police and Ward and Precinct organizations of all political parties.

Push visual education through the use of films. This we find one of the most effective methods of VD education. Combine groups when possible for purposes of film showing. As previously mentioned, the two films we have most frequently used are the U. S. Public Health Service's *Know for Sure* and *Fight Syphilis*.

III. Results:

It has been considered unwise to attempt any statistical evaluation of the projects. It is the Board's opinion that the far-reaching effects of such educational work outrun any ability to tabulate concrete results—that health education, like all education, cannot be measured quantitatively. The possibility of giving out cards, to be presented to the clinic or doctor by persons asking for blood tests or seeking treatment, was discussed. It was agreed, however, that while this would provide a measuring stick of a kind on the effectiveness of the program, the complex emotions and problems involved in regard to venereal disease education make any attempt to formulate statistics grossly inadequate as a real picture of results obtained.

The Municipal VD Clinic reports increasing attendance, and it seems logical to suppose that a great many people are coming in for examination and/or treatment as a result of our projects. Some new patients have volunteered the information that they are there as a result of hearing a talk, seeing the films, or being visited in their homes.

Meanwhile, the response to the program has been uniformly excellent. Community leaders are increasingly recognizing and becoming eager to do something about the problem of venereal disease education, and the people seem anxious to learn.

It is our hope to extend this project in public health education throughout the city. If we can do this it will mean that personal

contact has been made with the homes of a community of approximately a million people. This is literally getting down to the grass roots. Our ambitious objective is to leave a central local committee in each neighborhood, the chairman to be liaison officer between the neighborhood and the Board of Directors of the Missouri Social Hygiene Association. Through this effective city-wide organization we could carry on an educational program with a minimum of lost motion, for of course we never look upon a neighborhood as "finished". We must periodically "go gleaning" as new techniques, new information and new opportunities present themselves.

We are going ahead with our plans, assuming that the funds will somehow become available, that the solid value of the work will be recognized and its completion made possible. So far in a year's work, about a fifth of the total city area has been covered, but the task could be expedited by additional workers. Our ears are tuned to the possible sound of the wings of angels.

At the National Conference on Postwar Venereal Disease Control held in St. Louis in November, 1944, by the U. S. Public Health Service, Dr. J. R. Heller, Chief of the Service's Venereal Disease Division, emphasized the importance of every individual citizen as a necessary factor in a successful program for prevention and control of these infections.

That is what we are trying to get across to the people of St. Louis.

Where the Responsibility Rests for Community Action in Social Hygiene

. . . The responsibility for *Public Information* rests on all agencies, both official and voluntary, whose activities include one or more aspects of social hygiene. . . .

. . . The responsibility for *Medical and Public Health Activities* rests on the official health department, on private physicians, hospitals, clinics and other institutions where search for cases, diagnosis, treatment and after care are provided, and on the voluntary health and welfare agencies. . . .

. . . The responsibility for *Legal and Protective Activities* rests mainly on the police, prosecuting attorneys, the courts and official and voluntary protective agencies. . . .

. . . The responsibility for *Sex Education and Training for Family Life* rests mainly on the home, the school, and the church, and on organizations serving children and young people. . . .

From *Suggestions for Organizing a Community
Social Hygiene Program*. ASHA Pub. No. A-433.

THREE VIRGINIA CITIES MOVE FORWARD

SOCIAL HYGIENE PROGRAMS IN NORFOLK, LYNCHBURG AND DANVILLE-PITTSYLVANIA COUNTY

In the thirty-two years since the nation-wide social hygiene program was inaugurated, the State of Virginia and her communities have approached their problems in this field from various angles and by various methods. Though organized state and local activity has waxed and waned, a steady stream of interest has existed, and informed and cooperative citizens have given time and thought to application of social hygiene principles as a means of building sound family and community life. During the past five years this interest and activity have naturally centered around the wartime emergency, and a number of new groups, including the state-wide Virginia Social Hygiene Council, have been formed to cooperate in the campaign to protect manpower health and morale. The stories of programs undertaken by three Virginia communities are presented here as examples of careful planning and adaptations of general techniques to meet special needs, as well as evidence of progress in the face of considerable difficulties. The courage, determination and vigor which mark these efforts can be recorded of many other communities both within and without Virginia, along with the impressive fact that in all three reports the forward look is taken, and the establishment of long-range peacetime programs is indicated as the real solution for social hygiene problems of individual, family and community.

NORFOLK FACES AN ISSUE

A PROGRESS REPORT ON SOCIAL HYGIENE EFFORTS IN A "WAR CONGESTED" AREA

ALEX H. BELL,

Chairman, Norfolk Citizen's Venereal Disease Committee

HARRY PARISER,

*Surgeon, United States Public Health Service (R) Venereal Disease Control
Officer, Norfolk City Venereal Disease Clinic*

EDITOR'S NOTE: War, in the process of bringing social and health problems into sharp focus, centers attention also on communities which serve to exhibit these problems. Norfolk, Virginia, is one such. Twice in a generation war has thrust on Norfolk, normally a lovely, leisurely old city of homes and workers and cherished tradition, a doubled and tripled population, with all the turmoil and confusion that goes with such crowding. The shipyards which constitute the city's chief industry hum with workers twenty-four hours around the clock, and the town bulges and strains in the effort to supply

food, shelter and clothing for its new residents. Hotels, rooming-houses and every kind of accommodation are jammed. Eating-places are overwhelmed. There are not roofs enough, nor beds enough, nor room enough in the schools, nor sufficient doctors and nurses to care for those who need attention.

Added to the temporary war-worker colony are the transient stream of soldiers and sailors who pour through the town "going out" or "coming back" to and from overseas assignments—for Norfolk is not only a naval base but a port of troop embarkation and debarkation. Increased military personnel stationed to oversee these movements add another segment to the town's population. Merchants and other trades-people coming in from outside to aid in providing necessities of life crowd facilities still further. In short, Norfolk becomes a "war congested area."

Under such mushrooming conditions it is hardly surprising that Norfolk found itself in 1941 quite unprepared to meet an inevitable growth in another strata of community life—the underworld where thrive the prostitution racketeers. Nor was it to be unexpected that in the wake of unchecked commercialized prostitution came more flagrant evidence of this evil—street-walkers, call-girls, trailer-girls, taxicab and other "facilitators" of the sordid business. Other types of vice—gambling, thievery, narcotic traffic—flourished equally well, as is generally the case where organized prostitution is tolerated. Norfolk, struggling with housing problems and a multitude of other difficulties, began also to be known as a "wide open town," saw city VD rates climb, heard newspaper and magazine writers cite conditions there as glaring examples of community dislocation in wartime, was a target of official and unofficial investigations and the subject of much discussion, and suffered from the exaggerations and inaccuracies which are bound to accompany such widespread publicity. "If we are to believe all we read in the public prints," a Navy officer wrote early in 1943, "it is a sort of movie city of drunken sailors, beer hall brawls, and gilded vice. The situation is actually otherwise."*

In the conviction that not only was the "situation otherwise," but with confidence also that conditions might be greatly improved by united community effort, a group of Norfolk citizens joined, in the autumn of 1943, in such an effort. The article which follows tells the results to date. It is a real progress report which, it is believed, will be supplemented by other practical evidences of the benefits of community social hygiene as Norfolk begins to settle back into peacetime population-size and normal ways of life.

The Norfolk Citizen's Venereal Disease Control Committee was organized late in the year 1943 to develop a community social hygiene program for cooperation with the military program for prevention of syphilis and gonorrhea among soldiers and sailors. Joint local

* *New Patterns in Venereal Disease Control as Seen by the Navy Medical Officer.* Commander T. J. Carter, (MC) U. S. Navy, *Journal of Social Hygiene*, April, 1943, Reprinted as ASHA Pub. No. A-497.

sponsorship for the Committee was furnished by the Norfolk Civilian Defense Council, the Norfolk County Medical Society, the Norfolk Council of Social Agencies and the City Department of Public Health. The American Social Hygiene Association assigned one of its field representatives, Kenneth R. Miller, then in charge of the ASHA Baltimore Field Office, to assist in details of organization and planning program. Officers and members of the Committee were:

Chairman: Alex H. Bell, Collector of Customs for the Port of Norfolk

Members:

Campbell Arnoux, representing Radio Station WTAR
James A. Anderson, Norfolk Council of Social Agencies
Tom W. Henderson, Norfolk Community Fund
Dr. Raymond Kimbrough, Virginia State Department of Health
Richard M. Marshall, Norfolk Civilian Defense Council
Dr. Harry Pariser, United States Public Health Service

Sub-committees on Education, Social Protection and general Social Hygiene, were appointed, with each member of the main Committee serving on one or more of the sub-committees, and a program was outlined as follows:

Educational Committee: Edward E. Bishop, **Chairman.** **Members:** All members of the main Committee, plus Dr. R. F. Trigg, P. B. Young, Sr., P. B. Young, Jr., John New and Ellis Loveless.

Program activities:

Public information campaign, including arrangements for public meetings, securing speakers, and other details

Industrial program, including blood-testing and educational activities

Efforts to secure increased facilities for medical diagnosis and treatment

Social Protection Committee: W. Franklin Rountrey, **Chairman.** **Members:** Robert F. Baldwin, J. Frank Bell, J. Eugene Diggs, James E. Etheridge, Mrs. Mable Grange, John S. Jenkins, Lee Lawler, Gerould M. Rumbel, Curtis Todd, James H. Tyler, III, Mrs. Ruth Zercher.

Program activities:

Study problems relating to jail facilities and improved detention facilities, city farm, et cetera.

Efforts to get policewomen appointed, and cooperation with shore patrol activities and military police.

Study conditions relating to prostitution in the community, including property owner responsibility, with provision of facts to owners as well as to public. Special study of "facilitator" problems and other means of "procurement", including rooming-houses, cabins, taxicab operators and other transportation. Special study of these problems as they relate to Negroes, use of Negro policemen, et cetera.

Cooperation with Alcoholic Beverages Control authorities.

Study of conditions relating to sex offenders apprehended, and efforts to aid them and rehabilitate and redirect them toward normal ways of life.

Social Hygiene Committee: Mrs. Charles T. Abeles, **Chairman.** **Members:** James A. Anderson, Richard Dowling, George H. Bowers, Miss Linda Carter, Horace Christopher, Dr. Albert Crosby, L. J. Hardiman, Rev. H. L. McClendon, Jr., William McC. Paxton, Rev. E. J. Rees, Donald Shriver, Mrs. Berry D. Willis.

Program activities:

Study the problem of juvenile delinquency and youth in the community
Study community recreation needs and plan program.

Cooperation with schools, churches, United Service Organizations in
preventive activities.

In brief, the purpose of the first sub-group was to supply immediate publicity, the purpose of the second is to achieve the necessary facilities to deal with all the ramifications of the problem, and the third sub-committee has for its objective the gradual improvement of community standards.

The Committee fired the opening gun of its public information campaign with a statement by the Chairman, published in the June, 1944, issue of *Council News*, published by the Norfolk Council of Social Agencies. The facts regarding the problem and its solution were clearly set forth:

"The venereal disease program of Norfolk for many years has been a source of considerable discussion and widespread interest, both from the standpoint of community welfare and as it pertains to our military and industrial population. A paucity of factual material exists on this subject. The present communication will attempt to remedy this lack.

The Problem:

A cross-section survey of selectees drawn from Norfolk revealed that the City's venereal disease rates, estimated on this basis, were as follows in the year 1942:

White population.....	26.4 per 1,000
Negro population.....	152.8 per 1,000

"The estimated number of cases of syphilis in this community of 475,000 is 14,000. As the incidence is usually two to three times that of syphilis, there are probably between 28,000 and 40,000 cases of gonorrhea. These figures exceed by far the total of reported cases of diphtheria, scarlet fever, infantile paralysis, typhoid and smallpox. Suppose there were in Norfolk one-tenth this number of cases of smallpox. How aroused the community would be! Yet year after year the venereal disease problem multiplies here without more than a ripple of concern being shown.

"Syphilis is all around us in our community. No racial, social or educational background provides immunity. The files of the City Venereal Disease Clinic could be made into a story of the tragedies of this infection: of the newly wed young bride infected by her husband; of children born with marked handicaps due to syphilis; of the bewildered young girl contracting the disease as a result of her first sexual experience; of men and women insane or crippled, or suffering from severe heart disease, at middle age, just when their social responsibilities are usually at their height.

"Where is all this syphilis? Who is responsible for spreading it? The city files show that the girls who are at present responsible

largely for transmitting the disease to our men in uniform and to our civilian population range in age from thirteen years upward, with peak age incidence between eighteen and twenty-five. Most of these girls are products of broken homes, of poverty and misinformation. Seventy-one per cent are so-called "pickups" who come to Norfolk from all parts of the country. Sexual relations and exposure to disease take place in hotels, taxicabs, cabins, in the parks, on the beach, in automobiles, in houses of prostitution and in many other almost unbelievable places. Also, let us not forget that infection may occur within the acceptable bonds of matrimony.

The Solution

"The venereal diseases can be whipped. The medical profession has had the means of cure for syphilis for the past thirty years. Yet, yearly, 230,000 new cases of syphilis and about a million cases of gonorrhea are being contracted in the United States. Why does this anomaly exist? The answer lies in the fact that venereal disease control involves more than treatment of the patients who seek medical attention. Control means an aroused community—a community educated to the problem—a community which will seek its cases and their causes by whatever means are possible.

"The medical aspects of venereal disease control in Norfolk have been mobilized and expanded, under the direction of Dr. Raymond Kimbrough, to meet increasing wartime responsibilities. The staff has been increased from 17 to 24 persons. Case-finding—the seeking out of actively or potentially infected individuals,—and case-holding,—the keeping of the infected person under treatment until cured—has become the corner-stone of the control program. These figures indicate the progress made: in January and February, 1942, an average of 90 cases per month was admitted to the Venereal Disease Clinic. New cases per month increased to a peak of 435 in December, 1943, and the average monthly rate since that time has been over 350 cases per month. In addition, about 150 cases per month have been referred to private physicians' offices for six months past. The number of treatments given increased from 2,000 per month in January 1942, to 5,500 per month in March, 1944. The clinic's field staff, which concentrates primarily on case-finding, makes about 1,300 visits per month, an increase from a former average of about 450 visits per month.

"After three years of effort, Dr. Kimbrough has finally seen the fulfillment of a dream long hoped for—the opening in Norfolk of a rapid treatment hospital for venereal diseases, made possible through cooperation of the U. S. Public Health Service and the Federal Works Agency. Dr. Kimbrough has also been active in arousing the interest of civic-minded citizens of this community in the venereal disease problem, and has helped in organizing the Citizens' Venereal Disease Committee and in stimulating action wherever necessary to insure a good all around control job.

"But, in spite of the progress made by the City Health Department and the Venereal Disease Division, our problem is far from

licked. Another group of figures will demonstrate this: in 1942 military installations in the Norfolk Area reported that 1,483 cases of venereal disease were contracted in Norfolk. In 1943 this figure rose to 2,268, a 53 per cent increase. In 1944, if cases continue to be reported at the same rate as during the first three months, the number will be around 2,884, a 22 per cent increase over 1943.

"What does this mean? Simply that the City Health Department alone cannot control the venereal disease in our community.

"Let us face the issue squarely. Venereal disease control is a community problem.

. . . Unless the infected individual who needs treatment is properly educated to seek it . . .

. . . unless there are adequate detention facilities for the promiscuous girl . . .

. . . unless the transportation companies, particularly the taxicab owners and operators, maintain vigilant supervision over their vehicles . . .

. . . unless hotel owners and tavern keepers have constant check on their patrons . . .

. . . unless the Alcoholic Beverage Control Board uses its power of revocation of licenses of places named as sources of procurement . . .

. . . unless the community rises to demand adequate jail facilities for the repeated offender and hospital facilities for the infected individual . . .

. . . unless the schools, churches, USO and other community agencies supply adequate recreation facilities . . .

. . . unless rehabilitation and vocational guidance are given to stranded girls . . .

. . . unless widespread community education for mass blood-testing is adopted . . .

. . . unless quacks and drug store proprietors are heavily penalized for attempted treatment for venereal disease and frequent detriment to the patient . . .

. . . unless the schools accept their responsibilities for teaching the facts about sex in an intelligent fashion, and last and most important

. . . unless prostitution is vigorously repressed in all its phases . . . venereal disease control will not be attained.

"This is your community problem.

"Will the challenge be met?"

* * * * *

PROGRESS

A year later the Venereal Disease Control Officer was able to report on behalf of the committee:

"I believe that the challenge thrown out by Mr. Bell last June is being faced and the situation realized to a large extent, although the full response which we hope for eventually has not yet been achieved by the community."

Community interest in and response to the Committee's first project, the public information program planned and conducted by the Sub-committee on Education, were strongly apparent. Previous to the beginning of the campaign in November, 1944, the Committee carefully studied the community with reference to the two groups of individuals who need education regarding the venereal diseases. One group includes, of course, those who stand in need of the services offered by the health department and private physicians—the potential patients. The other group includes those who can help in securing facilities and personnel to make these services available—citizens willing to recognize community responsibility and to fight to achieve a full program for VD prevention and control.

All the usual methods of reaching these two groups and the general public were utilized in the campaign. Twelve outdoor billboards carried the message that VD is curable and that treatment services are obtainable locally. (*See insert*) These billboards were displayed over a six-month period and were so well placed in strategic areas throughout the city that it is probable that everyone saw them. For two weeks every trolley in the city carried a placard reading "Stamp Out Venereal Disease." This display was repeated two months later, and about ten per cent of the trolley cars continued to keep the placards on view for several months.

The films, *Know for Sure* (U. S. Public Health Service), and *With These Weapons* (American Social Hygiene Association), were shown in all the Negro motion picture houses.*

Four large windows in a department store on one of the busiest street corners were devoted to a display devised by the Committee. (*See insert* pages 440-441) Other commercial concerns have since agreed to show this display in their windows. Posters were also displayed throughout the city in small store windows, in ferry and bus terminals, in taverns, in industrial plants, in public rest rooms and in drug stores.

Newspaper publicity was given to the hours and services offered by the Venereal Disease Clinic, and attention was also called to the fact that private physicians are willing and anxious to treat VD. Industrial concerns paid for newspaper advertising space covering five-eighths of a page and running in six editions of all the local papers, including the paper published for the Negro population. (*See insert*) Some of the industrial firms also carried a short slogan along with their regular advertisements, urging support of the VD control program. A series of twelve signed articles by prominent civilians and military personnel interested in various aspects of venereal disease control efforts was published, and in addition to these and other feature articles, the papers gave strong editorial backing.

Evening radio round-table discussions were conducted at weekly intervals throughout the campaign by members of the Committee,

* Unfortunately, permission could not be obtained for showing these films in the theaters patronized by white people.

and transcriptions provided by the U. S. Public Health Service were played in the daytime. The plan for using spot announcements was ruled out by the Office of War Information, but community education by radio was continued generally during a five-month period.

Supplementing this general public information program, talks were made by the Committee and other speakers before various social and business groups, including labor unions, civic clubs, church groups, the retail druggist association, the Junior Chamber of Commerce and the United Service Organization. These talks were directed towards some specific method of cooperation in which it was hoped to interest the particular group. For example, the Junior Chamber of Commerce was addressed regarding assistance in soliciting contributions of newspaper space from industry. The druggists association was approached with a proposal for a resolution supporting display of posters and pamphlet distribution in drug stores, and condemning the sale of "remedies" for VD infections over the counter. The labor unions were asked for approval for industrial surveys and distribution of leaflets. The Boy Scouts were asked for cooperation in distributing materials. "What can this organization do to help?" was the question placed before each group by the speakers, and in each case a special practicable project was presented for approval. It was believed that a good deal of time was saved by pointing up the speaking program in this way, although many talks were naturally given only for general education and the building of favorable public opinion.

The importance of the private physician in the control program was emphasized throughout the campaign. A letter from the Committee went to each private physician practicing in the community, and this was followed up by a visit to his office by a public health nurse. She explained the work of the VD Division of the City Health Department, the purpose and facilities of the new Rapid Treatment Center and the program generally. Reception in each instance was cordial and the calls brought about increased cooperation and closer understanding.

As a part of industrial cooperation sought, the Committee wrote every firm in the community employing more than 15 persons, asking the manager or owner to permit a pictorial message devised by the American Social Hygiene Association to be used as a payroll envelope stuffer. With the full approval of labor unions, 63 Norfolk firms agreed to use these stuffers. Whenever a firm expressed willingness to cooperate, a personal visit from a health department field investigator followed. Postemployment blood testing services were offered free of charge, to be performed within the industrial plant. Twenty-seven of the 31 companies approached so far have taken advantage of this offer. At the same time, the larger companies have been encouraged to introduce a system of preemployment blood testing. This has been done by the Naval Air Station and Naval Operating Base, the Norfolk Navy Yard and several other firms. We believe that the acceptance of this program and the ready sanction

given by the unions are direct results of the community education program. All blood testing is on a voluntary basis, and when a positive serologic test for syphilis is discovered, the individual is referred to a private physician or to the clinic, without the employer's knowledge.

Another special approach to community groups potentially needing medical services for VD was made through the distribution of specially prepared leaflets, and by means of visits from house-to-house. Ninety thousand two-page leaflets (*See insert*) were printed for distribution in areas of low economic level. The type was large, the language simple and the message short. Each home in the designated areas received a pamphlet for three consecutive weeks. The leaflets were also distributed among the cheaper hotels, where guest turnover is very rapid.* Ninety per cent of drug-stores in the city also agreed to supplement their poster displays by giving these leaflets to persons asking VD information or advice.

Following distribution of the third leaflet among homes, visits were made by public health nurses. They encouraged individuals to apply for blood tests and gave out appointment cards. In areas of known high incidence, attempts were made to obtain blood specimens in the home.†

RESULTS

An effort was made to analyze the relative merits of the various educational approaches, by inquiry of new patients coming voluntarily to the Venereal Disease Clinic during the period October, November, and December, 1944. While, as is usually the case, many persons were reluctant to give reasons for their applications, a good number mentioned the billboards or leaflets or other educational features as influencing them to come in. A more reliable indication of educational influence was seen in the definite increase during these three months in voluntary applications for admission to treatment, as compared with the same period and conditions in 1943. This increase trend has continued in later months. Blood tests, exclusive of Selective Service examinations, totaled 15,130 for the last 3 months of 1944, as compared with 10,522 for the same period in 1943. As the educational program developed there was also a decided increase in the number of patients going willingly to the Hampton Roads Medical Center (rapid treatment center).‡

* Resistance on the part of some managers who thought the reputation of their establishments would suffer, limited the effectiveness of this plan. As would be expected, those in which the material would have been of greatest value were among those refusing to cooperate.

† After a trial of several weeks, it was decided that the results obtained by home visiting were not worth the time and effort expended. Young people, who presumably form the potentially infectious group, are usually not at home during working hours of the nurse. The nurses found the task somewhat distasteful. Home blood testing, however, proved to be of definite value, particularly if efforts were concentrated on young individuals.

‡ For further details of the Norfolk Venereal Disease Clinic's work see *Venereal Disease Information*, June, 1945. *Analysis of Case-finding Methods in Community Venereal Disease Control*. Harry Pariser, Surgeon (R) U. S. Public Health Service, and joint author of the present article.

EFFORTS IN SOCIAL PROTECTION AND SOCIAL HYGIENE

The two other sub-committees of the Norfolk Venereal Disease Committee, on Social Protection and Social Hygiene respectively, have not been idle, by any means, while the program of the Educational Committee has been continuing. The plan was that these other two committees would study conditions relating to their program activities after the community was made aware of the problem and prepared for action by the public information program. This plan has been carried out in its preliminary stages and some definite steps have been achieved towards improved law enforcement and protection of young people from conditions leading to sex delinquency. It is believed that the Committee's work has played a definite part in the greatly improved conditions now existing in Norfolk with regard to commercialized prostitution.*

The City Council has recently voted an appropriation of \$165,000 for the building of more adequate jail detention facilities. In addition, the "taxicab racket" was recently smashed completely with the arrest of over thirty cab drivers on charges of pandering. The city is still lacking personnel to deal adequately with the problems of sex promiscuity and "facilitation" of illicit sex relations. When the jail facilities and suitable quarters for detention of young girls and women who become involved in such situations become available, the problem will be closer to solution. Although there has been considerable agitation for increasing the police force, only a few additional police have been added. More police personnel could be used to advantage, particularly more Negro policemen and policewomen. There is a need for a more thorough and expanded program for redirection of women and girls.

The Social Hygiene sub-committee, whose job is development of the long-range educational program for character-building and prevention of youth delinquency, is working along, but time is needed to achieve results in this phase of work and it is too soon for evaluation.

Until full community support in all these departments of interest and action is provided, Norfolk must be prepared to do without any perceptible lessening of the spread of venereal diseases. In fact, the critical period of postwar demobilization may be expected to see an increase of these infections in this community, as elsewhere.

What Norfolk's future holds in social health and welfare depends on whether the program so well begun is vigorously pressed forward, expanded and equipped in the days to come, until its impact upon the people makes it an accepted and vital part of community and individual life and well-being.

* As estimated by studies made by the American Social Hygiene Association which in June, 1942, showed five brothels operating semi-clandestinely and ten hotels with resident prostitutes, and bellboys and porters hustling for the hotel "girls." In June, 1945, only a small amount of commercialized prostitution was found. Servicemen claimed they had difficulty in finding "chippies," and no apparent pick-ups were witnessed.

But whether or not success is achieved to this desirable extent, it may still be recorded that Norfolk, at a perilous moment in the nation's history, faced the issue and made a good fight with the weapons at hand to protect both its citizens and "the stranger within the gates" from the moral and health destroying ravages of VD, and the undermining influences of prostitution and promiscuity on morale and family life.

II

LYNCHBURG MAKES A START

A REPORT OF A VENEREAL DISEASE EDUCATIONAL CAMPAIGN CONDUCTED DURING THE MONTH OF FEBRUARY, 1945

M. L. GLOVER, *Chairman*

Lynchburg Venereal Disease Educational Committee

AND

S. D. STURKIE, M.D.

Director of Public Welfare

In November, 1944, the Director of Public Welfare for the City of Lynchburg, at the suggestion of Army and Social Protection authorities, requested civic clubs and other organizations of the City to sponsor a venereal disease educational campaign. Following a series of meetings, the Lynchburg Venereal Disease Educational Committee, with Mr. M. L. Glover as chairman and the Health Officer as Consultant, was formed with two representatives from each of nine Civic Clubs, which agreed to share in sponsorship of the campaign. These were: Exchange Club, Lions Club, Junior League, Foreman's Club, Junior Chamber of Commerce, Kiwanis Club, Rotary Club, Woman's Club, and Personnel Managers Association. Seven clubs made contributions totaling \$275.00. With an additional \$367.81 made available to the City Bureau of Health, there was a total of \$642.81 which might be used in financing the campaign.

Campaign Objectives

The main objective was to get the real facts concerning V.D. before the public through every possible channel. But two long range goals were also in the minds of the committee and the Health Officer. One was to increase the number of persons under treatment for venereal diseases by acquainting the public with the nature of these infections and to stress the availability of treatment at the local clinic.¹

The other goal, to be achieved indirectly, was to change the attitude of the people of Lynchburg toward prostitution. For many years, there has been strongly entrenched in the minds of the people of Lynchburg a belief in the maintenance of open houses.

¹ Due to a shortage of technicians in the City Bureau of Health, no effort was made to relate the campaign to mass blood testing.

Campaign Methods and Materials

The list of activities planned followed the usual pattern of venereal disease educational campaigns and included distribution of literature among industrial workers and store employees, showing of films to civic groups, the showing of V.D. trailer films in commercial movie houses, house-to-house distribution of the V.D. literature, posting of V.D. posters in public eating places, holding of a Negro mass meeting, the showing of billboard advertisements, daily radio talks and "spot" announcements, a full program of newspaper publicity, large size newspaper advertisements, including distribution of V.D. literature by druggists and the showing of exhibits in windows in Main Street stores.

Following organization of the Committee, sub-committees were appointed on Radio, Newspaper Publicity, Public Talks and Meetings, Industries, and Merchants. These began immediately upon the task of contacting the various businesses and agencies whose cooperation was essential to the success of the campaign. It is gratifying to report that on the whole cooperation by the people of Lynchburg was excellent.²

With organization completed, the campaign proceeded smoothly. The program was formally opened by the Mayor's proclamation on January 31, designating the month of February as Venereal Disease Education Month in the City of Lynchburg. V.D. films were shown and talks made at 15 public meetings with a total estimated audience of 850. At each meeting, suitable literature was distributed. For the civic groups, the booklet, *Meet Your Enemy*, was used, while special V.D. labor material was distributed to the Personnel Managers and Foreman's Club. The groups reached included civic clubs, foreman's club, personnel managers' club, two Y.M.C.A. and one Y.W.C.A. groups, the entire City police force and a group of ABC licensees and restaurateurs and the local medical society. 6,260 pamphlets were distributed in selected low income areas of the city by local Boy Scouts. One local business distributed 2,000 pamphlets as enclosures with routine business mail. Posters and pamphlets were distributed in 35 of Lynchburg's industries by the Foreman's Club and the Personnel Managers Association. Seventeen drug stores displayed window and counter cards and accepted pamphlets for distribution among their customers. Starting February 15th, six large billboards were displayed in the City for one month and a half and from March 1st, an additional six were displayed for one month, so that during the month of March, 12 V.D. bill-

² There was admittedly some hesitancy at first in some quarters, especially in the case of the merchants' response to the plan for exhibits in the windows on Main Street. The local radio station, WLVA, declined to cooperate on the ground that its participation might evoke some criticism by the public. A similar response came from the managers of three local motion picture theaters when a belated effort was made by the Director of Public Welfare near the end of the campaign to arrange for the showing of V.D. films. It would be both unfair and unwise to criticize those who for apparent good reasons of their own hesitated to cooperate in this campaign. It is advisable, however, to keep in mind these points of resistance so that between now and the date of the next campaign efforts can be made to erase existing prejudices against V.D. education.

boards were on display. Complete coverage was given the campaign by the local press. A total of 23 daily news stories, 5 editorials, and 2 feature stories appeared in the two local newspapers. In addition, one large newspaper ad, patterned after one used in the Richmond, Virginia, campaign, appeared in each of the two newspapers. There were three window exhibits on Main Street, one of which, in the window of a drug store, was quite a success. There were in addition, seven Main Street stores which displayed posters in windows.

The pamphlets and posters used in the campaign were for the most part those published by the American Social Hygiene Association, although posters were obtained also from the United States Public Health Service, the Virginia State Department of Health and V.D. Education Institute at Raleigh, North Carolina. Speakers used in the campaign were furnished by the Virginia State Department of Health, the United States Public Health Service and Social Protection Division of the Federal Security Agency. An effort was made in the selection of speakers to secure persons whose special knowledge would be of particular benefit to the group to which they spoke. For example, in speaking to the City police, Mr. Charles J. Hahn, Law Enforcement Specialist of the Social Protection Division, stressed the value of law enforcement in venereal disease control. Not only the city police, but a judge and the commonwealth's attorney attended this meeting. Mr. Hahn also addressed a body of local restaurant owners, pointing out possible ways of self-policing that tend to minimize the spread of V.D. in public places.

Industry

To build a program of lasting worth in the industries, a suggested outline was distributed by the Director of Public Welfare. The main object was to stimulate formation of health and safety committees. It is the purpose of such committees to adopt sound policies applicable to employees who have V.D. As a number of industries in Lynchburg already have safety committees, it appears that the best approach to this plan would be for the function of the safety committee to be broadened to include health as well. An effort to follow up this phase of the V.D. campaign will need to be made in the future.

The program among industries, it is considered on the whole met with considerable success. On the other hand, since no plan for recording the actual amount of literature or the number of posters allotted to individual industries was provided for, only a rough estimate of the amount of work actually accomplished is possible. According to such estimates, a total of 22,600 pamphlets were distributed and 565 posters were displayed.

Negro Cooperation

At the beginning of the campaign, it was realized that to achieve any real success, it would be necessary to reach as large a proportion as possible of Lynchburg's 10,000 Negroes. The program planned for industry would accomplish this in part, but not entirely. With the aid of the Executive Secretary of the Negro Y.M.C.A. a series

of meetings was held and a Negro committee of 12 members was formed. Special features of Negro activities included a mass meeting held on February 7th, National Social Hygiene Day, attended by 100, and showing of the film, *To the People of the United States*, at the local Negro theater. It is estimated that 2,500 persons saw this film during 36 showings. A considerable portion of pamphlets distributed house-to-house reached the Negro population. To promote the Negro mass meeting, several thousand special handbills were distributed. There were 2 Negro exhibits and 4 places of business displayed posters.

Results and Plans for the Future

In appraising the results of this campaign, several points come to light which should be kept in mind in planning future campaigns. First, it might be pointed out that while the education of the general public and particularly those groups with prestige and influence is of value, the chief effectiveness of venereal disease education lies in the reaching of those segments of the population which are most apt to become infected. In future campaigns, therefore, in Lynchburg, it should be one of the primary aims to concentrate more on lower income and younger age groups. Consideration should also be given to the possible need for bringing labor unions into the planning and carrying out of such a campaign. In any program of the future involving the businesses of Lynchburg, it will be essential for the committee in charge to clear with the local Retail Merchants Association before approaching the individual businesses. This was one of the hard lessons learned in the recent campaign. Finally, it should be pointed out that the real value of the campaign will have to be measured by the local Bureau of Health in terms of possible increase in the number of persons reporting to local clinics and physicians for treatment. Another gauge of the effectiveness of this campaign will be the degree in the future with which law enforcement is used in the control of venereal disease.

It is believed that the work of the Lynchburg Venereal Disease Educational Committee has been of the quality that should afford satisfaction to the membership as a committee and deserves the appreciation of the people of the City of Lynchburg. Special tribute should be paid to the Subcommittee in charge of businesses, which was largely made up of members of the Junior League and the Junior Chamber of Commerce. Due in part perhaps to the fine leadership of this subcommittee, it was able to perform an outstanding piece of work, although it had the most difficult assignment of any subcommittee.

In looking toward the future, the Lynchburg Venereal Disease Educational Committee for this year's campaign should bear this in mind: that this is only a beginning in the fight against venereal disease in this City. The venereal disease problem, although it has been intensified in wartime, is not primarily one associated with the war. It existed long before the present war and will continue to be a problem long after the war has ended. It is necessary,

therefore, for the people of Lynchburg to avoid thinking of venereal disease as a purely temporary problem.

It is also important to realize that venereal disease education constitutes but a single phase of an effective venereal disease control program. There must be adequate enforcement of venereal disease laws, a program of sex education in the schools, the education of young people for marriage and family life, and other related activities as a part of a broad program. There will be need to continue venereal disease education, but the program as a whole will have to be broadened if eventual success is to be achieved.

A SUGGESTED PLAN FOR A FUTURE SOCIAL HYGIENE PROGRAM IN THE CITY OF LYNCHBURG AND SURROUNDING COUNTIES

I. An effective program should include:

1. Public information
2. Medical and Public Health Activities
3. Legal and Protective Activities
4. Sex Instruction and Training for Family Life

II. Organization needed and suggested to carry on such a program

A community Social Hygiene Council, comprised of interested individuals and organizations, and affiliated with the Virginia Social Hygiene Council and the American Social Hygiene Association.

It is suggested that a Council program could be financed through membership fees and larger contributions by individuals, business, industries and/or local government.

III. Social hygiene activities which should be undertaken promptly:

1. Continuation of social hygiene information to the public, not limited to the present VD program.
2. An improved program in industry, including education regarding VD and blood-testing.
3. Study of youth problems and encouragement of social protection laws and law enforcement.
4. Promotion of adult classes in family relations and social hygiene education in the school system.

OFFICERS AND MEMBERS OF LYNCHBURG VENEREAL DISEASE EDUCATIONAL COMMITTEE

M. L. Glover, *General Chairman* (Exchange Club).
Mrs. W. W. Lynn, *Vice Chairman* (Junior League).
Harry Green, *Secretary and Treasurer* (Lions Club).

SUB-COMMITTEES

Committee on Newspaper Publicity:

Frank K. McVeigh, *Chairman* (Kiwanis), O. D. Riley (Rotary), Mrs. Quintus Hutter (Junior League), J. A. Moffit (Lynchburg Advertising Club).

Committee on Public Talks and Meetings:

Dr. Josef Nordenhaug, *Chairman* (Lions Club), James S. Owens (Fed. Security Agency), Mrs. Carl White (Woman's Club), Mrs. T. M. Holloway (Woman's Club).

Committee on Industries:

C. W. McLennan, *Chairman* (Personnel Mgrs. Assn.), Charles Smith (Foreman's Club), H. G. Bashan (Rotary).

Committee on Merchant Cooperation:

Mrs. George Austen, Jr., *Chairman* (Junior League), Mrs. W. W. Lynn, Jr. (Junior League), Miss Winifred Morrison (Junior League), Mrs. David Deacon (Junior League), Mrs. Paul Coleman (Junior League), Mrs. Vernon Giles (Junior League), Mrs. John Tucker Percy (Junior League), Mrs. Ludwell A. Strader (Junior League), Val Bradley (Junior Chamber), Ray F. Hamner (Junior Chamber).

Committee on Radio:

Frank Duncum, *Chairman* (Exchange Club).

OFFICERS AND MEMBERS OF LYNCHBURG NEGRO VENEREAL
DISEASE EDUCATIONAL COMMITTEE

Mr. J. R. Williams, *President* (Virginia Seminary).

Miss D. E. Rice, *Vice-President* (Phyllis Wheatley YWCA).

Mrs. W. S. Miller, *Secretary* (Glossila Art Club).

Dr. H. Weeden, *Treasurer* (Hill City Medical Society).

MEMBERS

Mrs. Edna Evans (Delta Sigma Theta Sorority), Dr. C. P. Wimbush (Hill City Medical Society), Mr. Frank Johnson (Lynchburg Sportsman Club), Mrs. Lula Stewart (Hill City Garden Club), Rev. J. M. Blassingame (Minister's Alliance), Rev. J. O. Johnson (Virginia Seminary), Rev. A. A. Womack (Minister's Conference), Mr. J. W. Holmes (Virginia Seminary).

COOPERATING AGENCIES AND INDIVIDUALS

Virginia State Department of Health: Dr. W. E. Baker, Director, Division of V.D. Control.

United States Public Health Service: Dr. T. H. Diseker; Dr. E. J. Roberson, Negro V.D. Control Officer, Norfolk, Va.

Social Protection Division, Federal Security Agency: Mr. J. S. Owens, Regional Representative; Mrs. Wilma Randolph; Mr. John Ragland, Negro Consultant; Mr. Charles J. Hahn, Chief of the Law Enforcement Section.

Lynchburg Bureau of Health: Dr. S. D. Sturkie, Health Officer; Mr. J. B. Craft, Jr., Lay V.D. Investigator.

III

A CITY AND A COUNTY COOPERATE

THE DEVELOPMENT OF A SOCIAL HYGIENE PROGRAM IN THE CITY OF
DANVILLE AND PITTSYLVANIA COUNTY, VIRGINIA

MAXINE BEESTON

Public Health Educator, Danville Department of Public Health

The City of Danville, Virginia, a cotton mill and tobacco center with a population of approximately 33,000, is situated in the south central section of the state, near the North Carolina border. Just across the city line is the mill village of Schoolfield, with a population of 10,000, in most respects except political jurisdiction a part of Danville. One branch of the Riverside and Dan River Cotton Mill, one of the world's largest textile plants, is located there, producing a large amount of war material. The mill's downtown branch is in the city proper, the two together having over 12,000 employees. There are no military camps close by, although a few soldiers come in on weekends from other towns.

Community Needs and First Efforts to Meet Them

In 1944, Danville had a serious venereal disease problem. Early in the year, Captain V. A. Turner of the Third Service Command brought to the attention of the City Health Officer and the Danville Police Department certain practices in restaurants and hotels which were leading to the spread of venereal diseases among the military. As a result of his investigation, hotel proprietors were called together and warned against professional prostitution in hotels, where bell-boys were acting as intermediaries. Promiscuity on the part of non-prostitutes was discussed and proprietors agreed to check the "dog-tags" of soldiers registering with women whom they claimed to be their wives.

As this conference failed to produce improvement in the situation, another meeting of police officials was held, and with the cooperation of military police, several hotels were raided in March of last year. At this time, two hotel proprietors were picked up, one put out of business and 12 professional prostitutes and transient women arrested.

Following this raid, a series of four conferences was held with law enforcement officers and professional workers, including the heads of the Recreation Department, Juvenile Court, Y. W. and Y. M. C. A. Social Service Bureau and other agencies. Several persons from Schoolfield were included in the conference because of the close relationship of the two communities. This group met irregularly in response to notices sent out by the Health Officer, generally to hear law enforcement and control measures discussed by visiting Army officials or State Health Department personnel.

A Social Hygiene Society Is Organized

In November the group made plans to organize into a formal association. Because of the political organization of Virginia which separates city and county administration, the health departments of Danville and Pittsylvania County (in which Danville is located) had never organized health programs together. In this case, it was felt that an adequate program could only be worked out with joint city-county planning and action. Consequently, a conference was held by Dr. R. W. Garnett, Director of the Danville Health Department, H. E. Henderson, County Sanitarian (representing County Health Department in the absence of a Health Officer), and two members of the Danville Planning Council, a coordinating group set up under the auspices of the Danville Chamber of Commerce. At this conference, it was definitely decided that the city and county should work together on a venereal disease control program. Later on a list was compiled of leaders in both areas to be invited to an organizational meeting. These names were carefully selected to afford a good cross section of the population and included members of business and professional groups, schools, women's clubs, local government officials and professional workers. The organizational meeting was held on February 5, 1945, with a good attendance from both city and county. Almost unanimously the group voted to work together on a venereal disease control program. A chairman and co-chairman were elected, one from the city and one from the county. Both happened to be officials of private women's colleges in the community. A secretary and treasurer were also elected and the group officially named the Danville-Pittsylvania Social Hygiene Society.

Meetings were to be held once a month alternately in Danville and in Chatham, the county seat. The chairman was asked to name an executive committee which was to meet and plan control measures to be undertaken. The meeting of this committee was held five days later in joint session with the executive committee of the Danville Negro Health Council which had voted to sponsor the social hygiene program among the Negro group. Mrs. Wilma K. Randolph of the Social Protection Division of the Federal Security Agency was present to talk to the group on programs in other communities. It was decided to launch an educational campaign during the month of February, a time which would coincide with national emphasis on Social Hygiene Day, February 7. The educational program was to run concurrently with special blood testing clinics. Publicity, Finance, Clinic and Speakers' committees were appointed and asked to report to the group at the next meeting on February 2. Excellent work was done by these committees with the result that by February, plans were completely ready for a large scale educational program.

A Social Hygiene Day Program

On February 2 the program was introduced with a fifteen minute forum discussion over the local radio station, in which the Danville Health Officer, a prominent minister, a leading member of the Pharmaceutical Society and an active county woman member of

the Social Hygiene Society participated. On February 5, a preview showing of five social hygiene films was held to which all civic leaders from city and county were invited. Those attending were asked to select films they desired to show to the groups which they represented and pictures were booked at that time. As a result, films were shown to more than 2,250 persons during the month.

Full-page newspaper ads were run in city and county newspapers, the space being donated by various merchants. Four large billboards were set up within the city limits and three in Schoolfield, announcing clinic dates. Speakers from the United States Public Health Service, the Social Protection Division of the Federal Security Agency and the VD Education Institute in Raleigh, North Carolina, were invited to Danville and the county seat, where they spoke at eleven meetings. Altogether 23 organized groups, including civic clubs, union locals, church groups, high schools, P.T.A.'s and others, devoted one program during the month to Social Hygiene.

Early in February an interdenominational committee of ministers met to hear plans for the community program and offered their wholehearted support. A letter was sent out by the chairman of the Civic Affairs Committee of the Ministerial Association to all members urging their full cooperation and participation. As a result over 2,200 pamphlets were distributed through the churches, several ministers delivered sermons related to social Hygiene and the program was announced in church bulletins.

Movie trailers were run for one week in the theatres and blood testing clinics repeatedly advertised in the papers. Nearly 12,000 pamphlets were distributed with pay checks to employees of the large textile mill and posters were put up on all mill bulletin boards. The local union printed and posted on its own boards notices urging workers to participate in the program. A special blood testing service was offered in the company's medical department for two weeks.

Altogether, over 17,000 pamphlets were distributed through schools, churches, and industries, and approximately 367 posters were exhibited. Materials, such as posters and pamphlets were selected by the Publicity Committee and ordered from the VD Education Institute in Raleigh, North Carolina, the American Social Hygiene Association and the United States Public Health Service.

Finances

The total expenses of the campaign amounted to \$413.39, all of which was raised by the Finance Committee from interested groups and individuals. Two hundred dollars of this amount was appropriated early in the campaign by the Danville City Council, and the rest donated by civic clubs, mill management, union organizations, school authorities, and interested individuals.

Immediate Results of Educational Work

At the end of the month clinic results in Danville and Schoolfield showed 1,218 blood tests taken with 22 positive results. The exact

number of tests in other sections of the county was not determined although attendance was reported to have been good. In Chatham, no doctor was available to give the necessary number of blood tests and arrangements were later made for a state department representative to hold a special clinic there in March.

The feeling among members of the Society at their March meeting, when results were presented, was that blood testing clinics should be continued for another month. Consequently, daily clinics were held at the Danville Health Department during March. Plans were also made at this meeting to follow up the program with further educational work. Window displays were exhibited in all drug stores during March and pamphlets distributed by druggists, VD stamps were circulated through the billing department of several stores. An Education Committee was appointed to develop plans for adult education classes in marriage and family life. Working together on this committee are the president of a junior college, the superintendent of schools, the director of the local chapter of the Textile Workers of America, the general secretary of the YMCA, and the local Health Educator.

Negro Cooperation

In the county a Negro Health Council, patterned after the one already organized in Danville has been formed and will continue the work along social hygiene lines. The Danville Negro Health Council, which has been most active, voted to continue the Social Hygiene program through the month of March. During this time they concentrated on work through the churches, which represent the most powerful organizations among the Negro group. They will also give their support to adult education classes in marriage and family life.

Although the surface has only been scratched in the effort to control and eliminate venereal diseases from this area and to provide adequate education in sex and family relations, the Society hopes that with its present campaign, it has paved the way for a broader and more complete program in the future.

* * * * *

EDITOR'S NOTE: A recent letter received from the author of the foregoing article indicates that the "broader and more complete program" is in the making. She says:

"The Danville-Pittsylvania Social Hygiene Society has gone ahead with what I believe is a very good program. During the spring and following the special February campaign talks on communicable diseases, including VD, were given in all the high schools in the county and city by the health department staffs. In Danville, a special program was also held for parents of school children. The white group heard a talk by Mr. C. S. Buchanan of the VD Education Institute, and Dr. Roscoe Brown of the U. S. Public Health Service gave a talk before the Negro group. Both speakers stressed the importance of presenting sex information to children in a suitable manner, and the talks were very well received.

"At present the Society is planning a community health institute to be held in October. Meetings are planned for ten or twelve groups, including, in

Danville, the Federation of Parent-teacher Associations, the Ministerial Association, the Negro Elks Club, the Tents, the local Textile Worker's Union, and two junior colleges. County groups include the Federation of Home Demonstration Clubs, the County Negro Health Council, County P.T.A. and school teachers.

"What we hope for is a real community effort to understand health problems, particularly those of social hygiene, and real participation by groups in community health programs. Each group will have a prominent speaker and will follow his address with a discussion of what that group can do in the community to help solve health problems. Speakers include Dr. Frank Porter Graham, President of the University of North Carolina; Mrs. H. E. Ould, lecturer in the field of Family Relations and accredited instructor with the Methodist Church; Mr. Robert L. Kinney, Director of the Division of Community Service, National CIO War Relief Committee; Mr. Kenneth R. Miller and Mr. Charles O. Rogers of the American Social Hygiene Association, and Dr. J. M. Ellison, President of Virginia Union University. Each group has a committee to plan and lead the discussion period.

"The Institute is being planned by a committee from the Social Hygiene Society under the chairmanship of Mrs. N. Lee Isenhour, President of the Berkeley School P.T.A. The Society is building up its membership by inviting organizations which have not participated in the past to send representatives. I believe that this community is making real progress toward solving its social hygiene problems."

"The family is the basic unit of our society. Syphilis and gonorrhea and the promiscuous sex habits which spread these diseases are a grave threat to the family as an institution as well as to the public health."


"The major part of the fight against syphilis and gonorrhea must take place in the community and must be supported and joined by all important elements of community life. The local health department is primarily responsible for prevention and control of venereal diseases. However, definite responsibility is also borne by local law enforcement, social protection and welfare agencies, the medical and allied professions, and by schools, churches and civic organizations. The influence of these varied interests and agencies is most efficient when mobilized through a carefully planned program of cooperative community action."

"There is urgent need *now* to maintain and increase the fight. . . ."


from the *Report of the Section on Education and Community Action*, National Conference on Post-war Venereal Disease Control, St. Louis, Missouri, November 9-11, 1944.



HARTFORD, CONN.—PEOPLE FROM THE NEIGHBORHOOD REGISTER FOR THEIR X-RAYS AND BLOOD TESTS AT *Health Education in Action* HEADQUARTERS
(See pages 449-454)




HE TOOK HIS BLOOD TEST FOR SYPHILIS. THEN TOOK TREATMENT AND STOPPED TROUBLE!




HE DIDN'T! HOW ABOUT YOU?

I Am Blind—Crippled



... BECAUSE I DIDN'T HAVE MY BLOOD TEST AND TREATMENT FOR SYPHILIS TEN YEARS AGO—

I AM HAVING MY BLOOD TEST—Because—



BAD BLOOD MAY MEAN . . .
BAD HEART • BAD EYES
BAD BONES • BAD SKIN
BAD HEALTH

Let the Health Department help you before it's too late. Go to the nearest clinic now—

Clinic	Every Week Day
Central Clinic	1:30 to 5:00 P.M.
City Dispensary	9 to 4 A.M.
Reyn and Ogilby Place	Mon. 9 to 11 A.M.
On the following Branch Clinics:	
Boston T. Washington Clinic	Mon. 9 to 10:30 P.M.
Boston T. Washington High School	Mon. 9 to 10:30 P.M.
Marly Avenue (near West)	
King's Daughters Clinic	Tues. 1:30 to 3:30 P.M.
London's Place Clinic	
Investment Bank	Wed. 5 to 8:30 P.M.
14th Street, between Fishers and Bowler's Ferry Road	
York Town Clinic	
Community Clinic	Tues. 5 to 6 P.M.
Carney Housing Project	
Bowling Green	Wed. 10 to 11 A.M.
Community Hospital Clinic	
Berley Clinic	
Albion-Lewis High School	Fri. 1 to 7 P.M.
8th and Carpenter	

Don't be a bad-blood cripple — Get your blood test now!

THE NORFOLK VENereal DIsEASE CONTROL COMMITTEE

This treatment would have saved me.
Today I would not have been blind.
Today I would not have been crippled.
Take my word, I'm a human wreck!

A blood test may save you a lot of trouble.
You often have no signs of trouble in the early stages.
Your Health Department wants to help you and do its best to cure you!

Go to the nearest clinic to clinic now—	Every Week Day
Central Clinic	1:30 to 5:00 P.M.
City Dispensary	9 to 4 A.M.
Reyn and Ogilby Place	Mon. 9 to 11 A.M.
On the following Branch Clinics:	
Boston T. Washington Clinic	Mon. 9 to 10:30 P.M.
Boston T. Washington High School	
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York Town Clinic	
Community Clinic	Tues. 5 to 6 P.M.
Carney Housing Project	
Bowling Green	Wed. 10 to 11 A.M.
Community Hospital Clinic	
Berley Clinic	
Albion-Lewis High School	Fri. 1 to 7 P.M.
8th and Carpenter	

Don't be a bad-blood cripple — Get your blood test now!

THE NORFOLK VENereal DIsEASE CONTROL COMMITTEE

SYPHILIS—Can cause me to go blind, SYPHILIS—Can cripple me and my children, SYPHILIS—Can make my heart bad!

Also because—Blood tests will show syphilis and Syphilis can be cured by treatment.
Your Health Department is anxious to help you—
—Free advice, friendly certificate a Healthy Citizen!

Go to the nearest clinic, located at—	Every Week Day
Central Clinic	1:30 to 5:00 P.M.
City Dispensary	9 to 4 A.M.
Reyn and Ogilby Place	Mon. 9 to 11 A.M.
On the following Branch Clinics:	
Boston T. Washington Clinic	Mon. 9 to 10:30 P.M.
Boston T. Washington High School	
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King's Daughters Clinic	Tues. 1:30 to 3:30 P.M.
London's Place Clinic	
Investment Bank	Wed. 5 to 8:30 P.M.
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Carney Housing Project	
Bowling Green	Wed. 10 to 11 A.M.
Community Hospital Clinic	
Berley Clinic	
Albion-Lewis High School	Fri. 1 to 7 P.M.
8th and Carpenter	

Don't be a bad-blood cripple — Get your blood test now!

THE NORFOLK VENereal DIsEASE CONTROL COMMITTEE

NORFOLK, VIRGINIA—THREE ILLUSTRATED LEAFLETS
(Front and reverse shown above)

90,000 of these leaflets were distributed by house-to-house visits and through hotels and drugstores. (See page 428)



NORFOLK, VIRGINIA—DEPARTMENT STORE WINDOW DISPLAYS
(See page 426)

Invisible Killers!

SYPHILIS • GONORRHEA



THE MESSAGE of these germs can be placed upon the head of a pin with scope to spare. That of these venereal killers effect of gonorrhea and syphilis is enough to kill a man. Syphilis or Gonorrhea.

WHAT ARE THEIR MESSAGES?

SYPHILIS is one of the most devastating of diseases known to man. It begins often with small painless sores usually appearing after invisible particularly in the women. The rash disappears with or without treatment. But with almost absolute certainty the germ of syphilis burrows into the system and slowly over a period of ten to twenty years, works its destructive activity while the syphilitic person feels apparently well.

But as the germs continue their havoc, the brain, the heart, indeed any part of the body may become involved. Insanity, paralysis and heart trouble eventually occur leading to death. These symptoms appear not only in the infected individual but also in their offspring who may acquire the disease before birth.

GONORRHEA, too, often begins with insignificant symptoms of discharge but the syphilis may attack the health when these germs spread to vital organs. Particularly in the women it often results in sterility.

WHY DO WE SIGN TO INFORM THE PUBLIC OF THE FACTS?

- Because these diseases can be diagnosed by blood test and examination.
- Because these diseases are curable in their early stages.
- Because, too often, they can be detected only by examination (that is the apparent) healthy persons who harbore within his system these invisible killers.

THINK OF IT:

In the United States more cases of Syphilis are contracted yearly than the combined total of diphtheria, scarlet fever, measles, infantile paralysis, poliomyelitis, typhoid and typhus fever.

The venereal diseases are among the most common which afflict modern civilization. The other diseases cause so much needless human suffering.

But Syphilis and Gonorrhea need not exist!

AN EXAMINATION IS A WISE INVESTMENT IN FUTURE HEALTH

Your City Health Department urges you to be checked by your private physician. If you cannot afford this, come to the City Clinic at 418 Bank Street for a free check-up.

LISTEN TO WTAR AND WGN MONDAY EVENINGS AT 10:45

The advertisement is approved by the Virginia State Board of Health, and is the only one of its kind in the United States. It is the only one of its kind in the United States.

Virginia-Caroline Electrical Works
1000 E. Main Street
Norfolk, Virginia

Hampton Roads Tractor & Equipment Company
200 Street and Nelson Avenue
Norfolk, Virginia

Empire Machinery & Supply Corp.
400 17th Street
Norfolk, Virginia

NORFOLK, VIRGINIA—NEWSPAPER ADVERTISING
(See page 426)

Hiding **VENEREAL DISEASE** *is foolish*
Science **IT CAN BE CURED**
says
GO TO A GOOD DOCTOR OR CLINIC NOW
SEVEN FREE CLINICS CONVENIENTLY LOCATED
for information PHONE 49239 or apply
CENTRAL CLINIC
418 BANK ST. • HOURS 1:30 to 5 DAILY
SPONSORED BY NORFOLK CITY HEALTH DEPT.

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PENSACOLA, FLORIDA OFFICERS OF NEGRO WARTIME HEALTH COMMITTEE CONFER

Seated, left to right—Lt.-Commdr. M. Leider, Technical Advisor; S. Brookins, Chairman; B. English, Vice-Chairman. Standing, left to right—M. Luckey, Treasurer; L. Boykin, School Attendance Officer; P. Jefferson, Secretary.
(See opposite page)



PENSACOLA, FLORIDA NEW HEADQUARTERS OF THE NEGRO WARTIME HEALTH COMMITTEE

An empty warehouse in a convenient neighborhood was renovated to contain two offices, an auditorium seating 150 persons, and other facilities.

CIVILIAN COMMITTEES ON VENEREAL DISEASE CONTROL—A PROGRESS NOTE

LIEUTENANT COMMANDER MORRIS LEIDER (MC), USNR
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In February 1944, the author and others published an account in the JOURNAL OF SOCIAL HYGIENE of a civilian committee on V. D. Control. This article is, in part, a continuation of the story of that committee—the Negro Wartime Health Committee of Pensacola, Florida. Also, here begins the story of the formation of a parallel white organization—The Gulf Health and Welfare Council. Finally, this article contains reflections on the theory and praxis of civic groups of this type in general.

THE NEGRO WARTIME HEALTH COMMITTEE

The idea of this organization was conceived in November, 1943, but it was not actually formed until late December of that year. At this writing the Committee has been in existence and in action for about one year. A bald tabulation of salient points of its progress would read as follows:

1. Organizationally, the committee has developed a durable core of active workers who have been tempered to resist any tendencies to relax after success or to disband after disappointment. Moreover, this core has weathered a whole season of enervating Southern summer heat. Lest the importance of these points be overlooked, it must be reemphasized that it is no small thing for a group engaged in a work so difficult, so highly technical and so personally unremunerative as VD control to have met week in, week out with never a meeting that was unproductive because it was poorly attended or because the members were discouraged, listless and wilted. This is not to say that there have not been temporary or permanent defections on the part of some individuals, for many good and bad reasons. The nominal membership roll has increased to 100 persons who have paid \$5.00 each for a year of voting and decision-making power, and about 150 more who have contributed \$1.00 each as a supporting gesture. From this treasury of persons, enough individuals plus the faithful officership have always been on hand for every stated weekly meeting to make the discussion, the learning process and the arduous work democratic, continuous and fruitful. Add to this a large number of called executive sessions for the purpose of meeting immediate contingencies or evaluating remote ones. Add subcommittee meetings and special delegations for special purposes and the significance of this organizational solidity becomes more apparent.

2. A fund of money totalling about \$4,000 has been acquired in one complicated and painful way or another. More than half of this sum came through large contributions from well-heeled funds, progressive fraternal orders, organized private philanthropies and far-seeing businesses. The rest was derived from the Negro community in the form of membership dues, generous personal donations, mass public events and similar sources that require civic-mindedness and social vision on the part of people of good will. For the year 1945 a budget of \$5,000 is planned to carry on the work. It is a pity that fund raising will absorb so much of the activity.

The disbursement of this money was simple, although sometimes equally as painful as its acquisition, for the reason that it went for social services or benefits that should have been met by public funds.

3. A project in elementary, general and advanced supplementary education for Negro Navy personnel and interested civilians, designated PREP (Pensacola Remedial Education Project) was initiated by the Committee. Formalized in a three-way agreement by the Committee, the County School Board and the local Navy Welfare Fund, it has been developed and maintained largely on Navy resources for Navy personnel. Civilian attendance always was meagre for a variety of subtle reasons but has never entirely disappeared. The continuance and the expansion of the school in the community's midst acts as a VD control measure, among other things, by providing wholesome cerebral preoccupation and by keeping available educational enhancement for all comers.

4. Local social services have been stimulated, and though still regrettably meager, are constantly being fostered. A register of existing agencies has been made and the very use of, and appeal to, social service facilities, such as they are, has operated to improve and extend them. Certain advanced social service features, like foster home care for destitute, abandoned or otherwise inadequately cared-for children and juveniles, which are features hardly common in more highly developed and richer communities than this, have been in some measure promoted by this committee. At least eight specific problems of this type were solved recently. In conjunction with the local Traveler's Aid organization, the servicing of Negro military personnel in transit to, through, or away from this area has been improved. The problem of finding housing for Negro military personnel and defense workers has been assumed. More than token results are being attained.

5. The City of Pensacola has a YMCA but no YWCA. The Negro Wartime Health Council, taking advantage of the presence of an able, experienced and tireless YWCA official connected with one of the USO units, organized a leadership training course which was taken by some 20 young adult Negro women. Upon completion of the training, two girl reserve units numbering 12 in the 12 to 15 year level and 22 in the 15 to 18 year level were formed and accepted for registration by the National parent organization. This piece of work has stimulated a movement for a complete YWCA

organization of which the Negro fraction could become a branch. The activity of the Girl Reserves is a story in itself.

6. This Committee, out of its own personnel and funds, provided the County School Board with an attendance officer for the county Negro schools. It paid the salary and all expenses of this official for a period of 6 months, the end of which coincided with the end of the school year. In the opinion of parents, teachers, and principals, the results of this truant officer's work were startling. Absence from school for reasons of plain truancy was nearly completely eliminated. Much sociologic experience was gained; numerous social service problems and some stark tragedies were uncovered. It is regrettable to have to record, however, that the expectation that this attendance officer would be retained, or a more formally qualified one would be hired, at public expense, was not fulfilled. It is equally regrettable that the expense of such an official could not be underwritten for a surety for the current school year by the committee. This public benefit was thus gained and then lost. It is notable, however, that the effect of the work has not yet worn off. It is amusing to note the guilty expressions and actions of the local Huck Finns when they spy the ex-attendance officer.

7. After several months of work, the committee came to a realization that the scope of its work required a permanent headquarters and a full time staff. Hitherto the membership had been meeting first at the Negro Elks Lodge and later at the Booker T. Washington High School. The space, the light, and the heating were used without formal arrangement with the agencies in charge of these places. The program of the committee was being carried out by the membership and officers in a fashion better than the usual gratuitous performance of people who have other full-time personal tasks, such as earning a difficult living, or fulfilling social and domestic obligations of life-long standing. In April of this year, discussion was started on the feasibility of acquiring a permanent residence for the committee where its meetings could be held without let or favor from other sources, where its rather specialized program could be perfected and where some of its activities could actually be staged. At the same time, the need for a full-time executive employee to look after the moment-by-moment business of the work was considered. Within four months both goals were achieved. An empty warehouse, fortunately situated, in the heart of one of the most populous Negro neighborhoods, was obtained and renovated into a striking building containing two offices, an auditorium with a capacity of 150, and essential facilities like toilets, film projection arrangements, telephone service, good lighting, heating and ventilation. A mature person with considerable executive ability and administrative experience was found to fill a combined position of Executive Secretary and Field Representative for the Committee. One of the office rooms was allocated to this worker and the other was given over to the Navy Shore Patrol as a base of operations. In this manner, the NWTWC rapidly assumed a physical and structural maturity which is an earnest of its potential ability to do the job.

Recently, a Negro educational worker in tuberculosis, filling a newly created position, has been given office space and other organizations of social purpose have been granted use of the building and its equipment for meetings and programs. A civic center has really been created.

8. Specific VD control projects were many, and varied in plan. The execution of these projects was frequently crowned with prompt and full success; sometimes the happy result was only partial and then belated; but never was the effort a dismal failure or total loss. In prospect for the near future are plans for a junior membership, the wisdom of which is obvious as a measure of what young people think of, need and want these days. A serologic study of the high school population as a statistical guide, as a casefinding trick and as a general educational measure has long been thought of and may be accomplished shortly. The description in detail of these ventures would require handbook space to record and then would apply in great measure to the local scene only. Rather than set down the minutiae, the last portion of this paper will devote itself to general principles out of which the implications follow clearly.



THE GULF HEALTH AND WELFARE COUNCIL

Several months after the organization of the Negro Wartime Health Committee a group of white citizens in Pensacola bestirred themselves to organize for VD control and related social work. With undue timidity, but with commendable insight, this group decided first to acquaint itself with the specialized nature of this ticklish business, by conducting several seminar sessions with available, on-the-spot, experts. An unusually well qualified social worker, Lt. William W. Wells, and the author conducted a course of instruction in four weekly two hour periods for 20 persons. Expository statements, questions and answers and a great deal of civic soul-searching were the curricular substance. At the expiration of this mutually edifying experience, the Gulf Health and Welfare Council was formed, with the following charter and prospectus of objectives:

CHARTER

1. *Name:* The name of this organization shall be the Gulf Health & Welfare Council.

2. *Purpose:* The general purpose of the Council shall be to seek means of reducing the social and moral hazards which threaten both individual and community life in Escambia County and the surrounding area, and to promote wider acceptance among its citizens of those social responsibilities which a strong and healthy community actually requires.

3. *Membership:* Membership shall be open to all interested citizens but a special effort shall be made to enlist the support of persons whose civic activities or professional interests lie in the fields of social welfare, health, education or some form of public ministry. Membership shall be divided into participating members with the right to vote and sustaining members without vote.

4. *Organization:* The activities of the Council shall be guided and directed by an Executive Committee composed of the elected officers. These officers shall be a President, Vice-President, 2nd Vice-President, Secretary, Recording Secretary, Treasurer, Welfare Adviser and Health Adviser. The two last named officers shall be persons professionally engaged in welfare and health work respectively, whose experience qualifies them to offer technical guidance to the Council.

5. *Meetings:* Regular meetings shall be held twice a month. Special meetings may be called by the Executive Committee at any time. Committees shall meet as often as their members shall determine.

6. *Dues:* Membership dues shall be \$5.00 per year for participating members and \$1.00 per year for sustaining members.

7. *Amendments:* This charter may be amended by a majority vote of the members at any meeting of the Council, provided 25 per cent of the participating members with a minimum of 15 members are present at the time of voting and provided that the amendment be presented in writing to all participating members at least two weeks prior to the meeting at which the amendment will be voted upon.

GENERAL OBJECTIVES

1. To initiate and develop whatever social resources may be found deficient, for the proper protection of the community from such damaging influences as domestic instability, insufficiency of family income, inadequacy of diet, mental deficiency and moral irresponsibility.

2. To seek improvements in the care and treatment of juvenile delinquents, persons convicted of sex offenses and dependent and neglected children.

3. To support all efforts designed to ensure better health standards generally and particularly to promote a program for the reduction of venereal disease.

4. To promote closer coordination and collaboration among the various health, welfare and civic organizations engaged in the treatment of social distress.

IMMEDIATE OBJECTIVES

1. To survey the scope and value of existing social resources in Escambia County and the surrounding area in order to determine the extent to which those resources are meeting the various needs of the community.

2. To organize an all-day conference in Pensacola on juvenile delinquency, child welfare, community health and related problems, with outstanding national and state authorities participating in the discussions.

3. To collaborate with the Coordinating Council in the promotion of venereal disease control.

4. To help secure a medical social worker through public funds to assist in venereal disease control.

5. To seek means of improving facilities for the treatment of dependent, neglected and delinquent children, with particular references to the adequacy of jail facilities and probationary services.

6. To plan an educational institute on social and health problems, utilizing the volunteer services of local professional health and welfare workers as instructors.

7. To assemble a library of literature and material on health and welfare subjects with a view to servicing the council committees and other organizations in their health and welfare activities.

8. To cooperate with the City Recreation Board in its planning of additional recreational facilities.

After this start and within a short six months of activity the following significant accomplishments of the council can be recorded:

1. Organizationally, this group is sound because its membership is highly literate, skillful in parliamentary and democratic procedure and well goaded by a social, even somewhat guilty, conscience. Meetings are well attended, smoothly run and very productive.

2. A medical social worker was secured for the local Health Department and the expense of this worker was wrung out of the public treasury. "Wrung" as a word with nuances is used advisedly to convey the proper impression of difficulty in securing budgetary appropriation for such an advanced social benefit.

3. A dangerous impasse in securing State and Federal matching health funds through the recalcitrance of a county agency in properly assigning its aliquot of funds was resolved in some measure by the educating pressure of this group. A rapid mobilization and presentation of the facts to the public and to the officials involved led to an equally rapid adjustment of what might have developed into a nasty crisis in the maintenance of local public health services.

4. The presentation of a plan for a Visiting Nurses' Association unit in Escambia County was taken up, investigated, discussed and adopted. Consultation with the County Medical Society and appeal to the Community Chest resulted in formalization with an underwriting of an anticipated deficit of \$5,000 by the Chest.

5. A very concrete illustration of a minor matter expeditiously settled is the discovery of a local movie house which was a flagrant public hazard from fire and poor hygiene. Within two weeks, by adept handling of the proprietor and municipal officials, the whole affair was cleaned up. The proprietor not only recognized his obligations but promptly fulfilled to the letter the specifications of the Fire and Building Departments regarding exits, fireproof partitions and general repair. It would seem from this instance that the pressure was almost welcomed by the pressured.

6. At the moment the GH&WC is undertaking a campaign to force the illumination of sections of the city that attract and lend themselves to misbehavior because they are dark and secluded. The view is to convert what is conducive to vice into park-like facilities.

This will as much increase opportunity for legitimate and wholesome activity as it will divert from the shady.

7. Expansion of social services, day nursery care, a central social service registry, an all day conference on juvenile delinquency, numerous other projects in public health and welfare are on the agenda for the immediate future for this vigorous group.

THEORY AND OPERATION OF CIVILIAN COMMITTEES ON VD CONTROL

Discussion of this topic lends itself to the answering of the following questions:

1. What is such a committee and who belongs on it?
2. What is the scope of the work and how shall the work be carried out?

A civilian committee on VD control would seem to have a limited objective, namely, the conquest of what are sometimes referred to as "the social diseases." In this instance the circumlocution is useful. The venereal diseases are indeed social diseases. So are all infections and general ills of gregariousness. But the venereal diseases may well be considered social diseases *par excellence*. Since this is the case, it follows then that all the social circumstances giving rise to the venereal diseases, and the consequences stemming from them, are the business of such committees. And again, it may well be that those circumstances and consequences include just about everything in human affairs. The individual, the group, the physical milieu, the economics, the politics, the times and the mores are the material and the problems. It is likely that the larger part of VD control involves non-venereal factors and a civilian committee on VD control that needs to be a general reform organization. All that is specifically necessary is that the business of reform be aimed in the general direction of VD control.

The fundamental membership of such committees must be workaday people. It is useful to have technically qualified persons for advisory purposes and highly literate persons to give efficient form to the democratically arrived at decisions of the group; but the basis must spring from citizenry of the latitudinal cross section. It is easy to form a committee of pure technicians, or of the "best" people, but such a group is, or will become sterile. Such a set-up can evolve eminently correct "do's" and "don'ts" and can hand them down, but this is without telling effect if there is no popular agency or soil to modify, accept and disseminate the Olympian counsel. Democratic procedure may be ragged but it is sturdy. Moreover, it is realistic and workable.

If it were possible to establish all the variables of the VD control problem and the proper equation of its solution, then there would hardly be a problem. Therefore, the work of a civilian committee on VD control, it seems to us, involves as much the discovery of the variables as they exist on the local scene as it does the setting up of the machinery of rectification. In a word, the job is as much

seeking as finding. Is it primarily education that is faulty? Is it community awareness of its VD and related hazards that is absent? Is it health facilities, public and private, that are deficient? Is it municipal administration and agencies that are corrupt, slothful or careless? Is it poverty? Is it special circumstances like military and industrial dislocation or disruption of the family? How much of each? Which more urgent? And so on for innumerable question marks.

The correct appraisal of the sources of trouble is half its abatement. The appreciation of what needs to be done is usually obvious from what is found to be wrong. The other half of the work is the successful application of what needs to be done.

The opinions or assertions contained herein are the private ones of the writer and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

"Four years of war have placed increased and serious pressure on the American family. Returning veterans and their families require a quantity and quality of service and assistance which many communities are not prepared to provide. Dislocated war workers are equally in need of well coordinated and well planned services. The needs of children and youth are of vital importance to the future of the nation and demand attention which is not presently provided in many communities and states. If we are to meet these problems in the spirit of the democracy our fighting men have sacrificed to preserve, it is patent that far more effective organization and administration of community, state and federal services in education, health, recreation and welfare are immediately required."

"The community furnished the framework and climate within which the family lives and develops; it must therefore provide a healthy atmosphere and a well organized network of public and private community services of the highest possible quality."

from summary of findings and recommendations of
The Road to Community Reorganization, a consultant's report on reorganization of community services, published by the Woman's Foundation, New York.

"HEALTH EDUCATION IN ACTION" *

A JOINT COMMUNITY EDUCATION PROGRAM IN HARTFORD, CONNECTICUT

MURIEL F. BLISS, PH.D.

Executive Secretary

GLORIA H. CHEPLIN, M.P.H., AND ALMA M. JACKSON, M.P.H.

Health Education Secretaries

Hartford Tuberculosis and Public Health Society

In times of stress, such as the present, it is more necessary than ever to make health education as practical as possible. This belief was fundamental to the plans made in Hartford early in 1944 to reorganize the community health education program which had been conducted there so successfully over a period of years. Limitation of personnel and the habits of a war-industry community made it seem advisable to adopt different methods and to start in one neighborhood as a demonstration.

As a result, plans were evolved for *Health Education in Action*, a program largely directed by the people in the area being served. This program was carried into the individual homes by block leaders, and was supplemented by other methods of community education. The immediate objectives of the program were the immunization of every child against smallpox, diphtheria, and whooping cough, and the X-raying and bloodtesting of every adult in the area. These objectives were made possible by the establishment of a health center in the area where these services could be had free or for a nominal sum, and where office headquarters were also maintained for consultation and the guidance of the block leaders.

The program was planned, developed and operated through the joint cooperation of the Council of Social Agencies, Board of Health, and the Tuberculosis and Public Health Society. The Council of Social Agencies was invaluable in the organization of the program. Both its Health Division and North End Neighborhood Case Council approved and endorsed the program. The Advisory Committee for the program was a combination of a subcommittee of the North End Neighborhood Case Council, and a group of representative citizens of the area selected by this subcommittee. Personnel was furnished by the Board of Health for the X-raying, bloodtesting, and subsequent clerical work in connection with the reporting of these results. The Tuberculosis and Public Health Society provided the health education workers, secretarial staff, volunteer clinic assistants, and

* This article is based upon a talk given by Miss Jackson before the staff of the American Social Hygiene Association on October 6, 1944, and upon the final report of the Director of the *Health Education in Action* program. Since that time Miss Jackson has become a member of the United States Public Health Service.

funds. In addition to these three organizations, the Board of Education was extremely liberal in allowing the use of its clinic space at one of its schools for the headquarters' office and clinics.

Four important health problems in Hartford now are tuberculosis, venereal disease, nutrition, and health problems of old age. The war-time significance of tuberculosis and venereal disease seemed to justify concentration on these two diseases. It also seemed wise to concentrate in one part of the city because personnel and resources were insufficient to conduct an intensive program throughout the community. It was believed better to do intensive work in one area at a time than superficial work in a large area. This policy makes constant improvement of methods and techniques easier to put into effect, and things learned in one area may be of benefit in the next area.

Two contiguous census tracts, 8 and 9, were selected as the first area in which this program would be conducted. This is a compact, congested area of about fifty square blocks, with diverse racial groups, and problems as great as in any section of the city. There, the economic status of the people is lower than that of the people of Hartford as a whole, death rates are in general higher, and housing, with the exception of the Bellevue Square Housing Project, is almost all poor. On the other hand, this is an area in which it would be comparatively easy to start a health project because there is a high degree of social organization, and the area was not "cold," since other health education programs had been conducted there in the past few years. The deciding factor in selecting this area, in fact, was that both groups and individuals from the area, had asked if some intensive health program could again be conducted there.

According to the 1940 census, the area has an estimated population of 5,594 in 1,535 families as shown in Table I. The Negro population in 1940 comprised 41 per cent of the total in census tract 8, and 75 per cent of the total in census tract 9; and it is believed that the proportion of Negroes has increased since that time. Italians and Russians are the two largest groups of foreign-born whites in the two tracts. There are very few single dwellings in this area.

TABLE I

POPULATION

*Census Tracts 8 and 9
Hartford, Connecticut¹
1940*

<i>Census Tract</i>	<i>Population</i>	<i>Number of Individuals per Family</i>	<i>Estimated Number of Families</i>
(1)	(2)	(3)	(4)
8	1,627	3.63	448
9	3,967	3.65	1,087
TOTAL	5,594	3.64	1,535

The most frequent types of houses are the three-family and the six-family apartment houses, but there are a few large apartment houses with as many as 26 family units in them. During the congestion of the war period, many of these have been subdivided so that two families now live in the space designed for one. Most of the houses appear to be badly in need of repair.

The Bellevue Square Housing Project has 501 dwelling units. Here housing conditions are better. The housing project is all Negro, but it includes people from a variety of intellectual and economic levels, since in this one project are included both low cost and war housing.

There are two settlement houses in the area which serve as natural centers for community activities, a great many churches, mostly small and some of the "store-front" type; many small business establishments: stores, laundries, garages, and service stations.²

The program was interracial throughout. The North End Neighborhood Case Council of the Council of Social Agencies, made up of professional workers in the area, is a mixed group. The Advisory Committee was formed from a part of this council and representative citizens of both races in about the same proportion as they occur in the population of the area.

The organization of the program is significant, and in some respects is the most original feature of it. It was a cooperative program from the start. Preliminary plans were discussed by representatives from the Tuberculosis Society, the Council of Social Agencies, and the Health Department. These plans were reported to the Health Division of the Council of Social Agencies and approved as a project of the Division. The plans were then reported to the steering committee of the North End Neighborhood Case Council, which recommended the program to its Council. This group approved the project and appointed a subcommittee to work on it. This subcommittee of professional people doing health, case or group work in the area, and representative citizens from the area whom they invited to participate, composed the Advisory Committee. This Advisory Committee then became a functioning, planning group, which worked on the details of the program and selected the block leaders to carry the program into the individual homes. The program was dependent to a great extent upon the Advisory Committee, which spent a great deal of time in selecting the first block leaders and which had a subcommittee to prepare the necessary forms.

Because no block organization existed, the Advisory Committee began work on the problem of securing block leaders. Suggestions were offered by the various members of the Advisory Committee based on contacts they had had with the people in the area in other activities. These persons were contacted, the forthcoming project explained, and those who agreed to serve were listed. The area was divided into 37 blocks, each block leader thus being responsible for fifty families. The Advisory Committee reached more than thirty

block leaders. However, at the orientation meeting for block leaders there were only sixteen present. Some of those who were unable to attend came into the office individually later and got their material and began work, but the program was begun without the required number. Of those who started, many did not finish the job. The reasons given most frequently for not continuing were illness, vacations, changed working conditions, and discouragement following in that order of frequency. Whereas there were some days when there were block leaders for all blocks and a few extra ones in reserve, this condition of affairs never lasted long.

During the course of the program, 62 different block leaders functioned to a greater or less degree. Of these, four were male and 58 were female. It was found easier to interest women, particularly housewives, in doing this sort of work. It is also interesting to note that although the racial percentage in the whole area is roughly 40 per cent white, only three of the block leaders, or 4.9 per cent were not Negro. One of the difficulties throughout the program was to secure participation of the white people from the area.

The block leaders were the key people in the program. After having received instructions, they were given the following forms:

1. Roster cards for each family, to be filled out in duplicate by the block leader at the first visit—one copy for the block leader and one for central files.
2. White double cards printed in black ink for appointments and reports of X-rays and blood tests.
 - a. Same as previous card, except printed in blue ink, and used for people unable to pay for services.
3. Appointment cards for children going to the Health Center for immunizations. This card gives only the first appointment; subsequent appointments were made at the Health Center.
4. Cards for reporting of immunizations done by private physicians.

The training and encouragement of the block leaders was one of the biggest problems. Before the program started, they were all invited to an orientation meeting, at which short talks were given on immunization, tuberculosis, and syphilis, and demonstrations were presented of both a poor and a good visit by a block leader. Those who attended were very much interested and felt it was valuable, though as mentioned above only 16 of the 30 block leaders signed up at that time were present.

Four meetings, including a Hallowe'en Party, were held for the block leaders; these few were arranged primarily as morale builders. Most of the training and guidance of the block leaders was given them by the professional staff through individual contacts.

The block leaders worked under the constant supervision of the health education staff of the Tuberculosis and Public Health Society. The executive secretary of this organization served as director of the program. Each of the three health education workers of that organization was assigned one-third of the area. Each worker was respon-

sible for the block leaders' activities and also for any other health education activities conducted in her particular area. However, the workers cooperated in developing posters, throwaways, exhibits, and planning meetings.

Although the goal had been set to have every adult (18 years or over) in the two census tracts X-rayed and bloodtested, and every child in the two census tracts immunized against smallpox, diphtheria and whooping cough, the committee felt satisfaction that 863 or 56.2 per cent of the estimated 1,535 families were contacted, and that 3,317 or 59.3 per cent of the total population of 5,594 were contacted, as shown in Table II.

TABLE II

HEALTH EDUCATION IN ACTION

X-rays, Bloodtests, and Roster Cards According to Families and Their Members in Census Tracts 8 and 9, Hartford, Connecticut, 1944

Classification of Family (1)	Families (2)	Individuals		
		Adults (3)	Children (4)	Total (5)
Every adult was X-rayed or bloodtested or both; roster card completed.....	110	189	90	279
One or more adults were X-rayed or bloodtested or both through the program; roster card completed.....	222*	318	200	518
No adult was X-rayed or bloodtested or both, but roster card was completed.....	469*	2,184	336	2,520
One or more adults were X-rayed or bloodtested or both, but roster card was not completed although attempts were made....	62
<i>Total number contacted by Program....</i>	<i>863</i>	<i>2,691</i>	<i>626</i>	<i>3,317</i>
<i>Total number in Area.....</i>	<i>1,535</i>	<i>...</i>	<i>...</i>	<i>5,594</i>

* Some members of many of these families were X-rayed or bloodtested or both previously or concurrently.

It was shown early in the program that most of the children in the area had already been immunized through the private physicians and Board of Health. There were only 36 children whose immunizations were started at the Health Center, and many of these were fairly new residents in Hartford. As the program continued, this phase of it became increasingly less important, and only four immunization clinic sessions were held.

The major effort of the program was therefore directed toward bloodtesting and X-raying and the consequent health education activities. Of the 3,317 individuals contacted through the program by either block leaders or members of the professional staff, 2,691 were adults and 626 were children. Sixty-six of these adults were not residents of the area. Before the program started, the policy was adopted of offering its facilities primarily to people who were residents of the area, but to allow others who wished to avail themselves of them to do so. Of the adults resident in the area, 507 were X-rayed or bloodtested or both at the Health Center. In addition, 470 other

adults were X-rayed or bloodtested or both previously or concurrently to the program. Some of these already had been done, others were done in mass X-ray surveys during the program, and several were done by private physicians during the program, some as a result of stimulation by the program. The block leaders were instructed very carefully not to consider a person as having been either X-rayed or bloodtested if it had not been within the last twelve months.

Of the 570 people who were X-rayed, 89 had positive findings. Of these, 56 had cardiac disease. Five cases of minimal pulmonary tuberculosis were discovered, three of moderately advanced pulmonary tuberculosis, and two of far-advanced pulmonary tuberculosis. Of the 519 people who had bloodtests, 28 were positive. Seven of these were already known to the Bureau of Venereal Disease of the City Board of Health.

In addition to the work of the block leaders and the constant supervision and guidance of them by the health education workers, other activities were conducted. It had been decided early that there would be no community-wide publicity, but that all health education media would be used as seen fit in the immediate area. Fliers were developed and distributed through the school, posters and pamphlets distributed, exhibits displayed in stores, schools, taverns and barber shops, and meetings were held in some of the churches, fraternal orders, taverns, and at a barber shop and at the Housing Project.

In summary, the *Health Education in Action* program did not produce any new techniques of health education, but the combination of the techniques used was responsible for the results achieved. Although not designed primarily as a case-finding program, a few early cases were discovered, and hundreds of other people "know for sure." In addition, interest in health was stimulated in the area, an organization was developed which is already being used to combat other problems in the neighborhood, and another area of the community has started planning toward a similar program.

REFERENCES

1. U. S. Census, 1940—*Housing*, Supplement to the First Series Housing Bulletin for Connecticut, Hartford, Block Statistics.
2. Dotson, N. P., Jr.: *The North End—Its Activities, Its Problems, and Its Trends*. Unpublished paper read at the Annual Meeting of the Community Organization Division of the Council of Social Agencies, Hartford, June 17, 1943.

(See also photograph opposite page 440)

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Federal Appropriations for VD Control and Social Protection.—

Passage on June 30 of the Labor-Federal Security Appropriations Bill (H.R. 3199, now Public Law 124, 79th Congress) for the fiscal year ending June 30, 1946, and approval by President Harry S. Truman on July 3, assures continuance for the eighth consecutive year of Federal aid to states for VD control through the U. S. Public Health Service, and continues for its fifth year the Social Protection Division of the Federal Security Agency.

The appropriation to U. S. Public Health Service for the coming year, to carry out the purposes of the LaFollette-Bulwinkle VD Control Act of 1938, including aid to states, is \$11,949,000. The decrease from the approximate \$12,500,000 for each of the past three years is accounted for primarily by reduction in overtime pay, in accordance with recent Congressional action; by reduction in personnel in unclassified positions who have been taken over by the States and put on State payrolls; and the lower cost of penicillin.

The Rapid Treatment Center program, formerly administered federally by the Federal Works Agency, is turned over to the USPHS by this Bill; and \$4,644,000 is provided for maintenance and operation.

The same Bill includes an appropriation of \$450,000 for the Social Protection Division and other services of the Office of Community War Services. The story of this part of the Bill gives an interesting picture of Congressional procedure: The Budget Bureau figure of \$900,000 for Community War Services, which was submitted by the President, was omitted from the Bill recommended by the House Committee on Appropriations and passed by the House. The *Report* accompanying the Bill said that "communities should now be able and encouraged to take over the problems of community welfare and continue such programs as are necessary."¹ However, after further Hearings were held by the Senate; and many letters, telegrams, statements and resolutions had been received from individuals and organizations over the country asking Congress to do everything possible to continue these activities, and detailing reasons why such work is still needed, the Senate Committee recommended, and received a vote of approval restoring the original Budget Bureau figure of \$900,000.

The revised Bill then went to the Joint Conference Committee of House and Senate appointed to make final recommendations. Senate Conferees were: Kenneth McKellar, of Tennessee; James M. Mead,

¹ Report on H.R. 3199, Department of Labor, Federal Security Agency, and Related Independent Offices Appropriation Bill, Fiscal Year 1946. Page 15.

See also *Social Protection—A Summing Up*, an editorial from the May, 1945, JOURNAL OF SOCIAL HYGIENE, reprinted as ASHA Pub. No. A-593.

of New York; Abe Murdock, of Utah; Carl Hayden, of Arizona; Harold H. Burton, of Ohio; and Joseph H. Ball, of Minnesota. Members of the House Appropriations Subcommittee which had framed the original Bill were Conferees for the House. (Butler B. Hare, of South Carolina, Chairman; M. C. Tarver, of Georgia; Albert Thomas, of Texas; Michael J. Kirwan, of Ohio; Albert J. Engel, of Michigan; Frank B. Keefe, of Wisconsin; and H. Carl Andersen, of Minnesota.) These Conferees agreed upon \$450,000. The Bill then went to the House and Senate for final approval. The Conference report was adopted and the Bill was passed by the House on June 29 and by the Senate on June 30. It became Public Law 124 of the 79th Congress with the President's signature on July 3. The Honorable Frank B. Keefe, of Wisconsin, explained the Conference decision on the House floor thus:

"... As a result of the conference yesterday on the Senate amendment . . . it was unanimously agreed that we would give them \$450,000 to enable the Community War Services to carry on the social protection work which they are presently engaged in. I personally have come to the belief that perhaps that appropriation can be well expended in view of the fact that millions of soldiers are coming back home and coming to those cities. Fifty thousand dollars of the sum has been put into the appropriation to enable the Federal Security Agency to audit, inspect, and look after USO funds. . . ."²

Thereupon the Federal Security Agency began its necessary recasting of the program and budgetary allocations in accordance with the action of Congress. While the reduction which Congress found it advisable to make in the total Community War Services appropriation means some curtailment in the Social Protection Division staff, it is felt that the careful consideration of this matter by both houses of Congress, and the widespread public support recorded in the Senate Hearings is evidence of the Federal Government's determination to see this type of activity continued until satisfactory federal, state, and local permanent auspices can be established and financed.

U. S. Public Health Service Announces 1945-46 Allotments for VD Control in the States and Territories.—The *VD War Letter*, of July 31, issued by the Venereal Disease Division, USPHS, announces that a total of \$8,756,876 has been allotted to the states and territories for the fiscal year ending June 30, 1946, for venereal disease control work.

"Of the total," the *War Letter* says, \$4,378,438 is to be matched by the States. This will assure a combined Federal and State venereal disease control budget of more than 13 million dollars for the year.

The allotment of Federal funds represents a national expenditure of 7 cents per capita for the control of venereal disease.

Allotments were made to the individual States on the basis of population, financial need, and the magnitude of the general venereal disease problem in each State.

The allotments for States, and the amounts of the allotments per capita, are shown in the following table:

² *Congressional Record*, Vol. 91, June 29, 1945. Page 7139.

<i>State</i>	<i>Allotment</i>	<i>Per Capita</i>	<i>State</i>	<i>Allotment</i>	<i>Per Capita</i>
Alabama	\$331,315	\$.12	Nebraska	\$53,645	\$.05
Arizona	55,590	.10	Nevada	11,700	.09
Arkansas	245,720	.14	New Hampshire	22,270	.05
California	409,036	.05	New Jersey	127,160	.03
Colorado	77,860	.07	New Mexico	49,470	.10
Connecticut	67,320	.04	New York	470,749	.04
Delaware	20,343	.07	North Carolina	362,610	.11
Dist. of Columbia	89,924	.11	North Dakota	35,530	.07
Florida	310,340	.15	Ohio	257,885	.04
Georgia	394,405	.13	Oklahoma	177,415	.09
Idaho	35,445	.07	Oregon	67,915	.06
Illinois	374,633	.05	Pennsylvania	344,165	.04
Indiana	170,550	.05	Rhode Island	27,625	.04
Iowa	87,730	.04	South Carolina	275,026	.15
Kansas	118,066	.07	South Dakota	39,610	.07
Kentucky	298,095	.12	Tennessee	252,650	.09
Louisiana	235,931	.10	Texas	669,707	.11
Maine	42,500	.05	Utah	41,480	.07
Maryland	158,239	.08	Vermont	17,085	.05
Massachusetts	105,740	.03	Virginia	220,915	.08
Michigan	206,107	.04	Washington	88,400	.05
Minnesota	107,865	.04	West Virginia	121,040	.07
Mississippi	351,900	.18	Wisconsin	117,055	.04
Missouri	159,510	.05	Wyoming	19,975	.08
Montana	27,625	.06			

U. S. Office of Education Has New Chief of Health and Physical Education Division.—Frank Stafford, for more than ten years with the Health Education program of the Indiana State Department of Health, and on leave for six months past for work on the national Physical Fitness program, has accepted the position of Chief of the Division of Health and Physical Education in the U. S. Office of Education in Washington.

This is the position formerly held by Dr. Arthur Steinhaus, who has returned to his regular assignment at George Williams College, Chicago, following more than a year's leave for work in the Washington post. Long association with Dr. Thurman B. Rice, well-known writer, teacher and lecturer on social hygiene topics, has provided Mr. Stafford with experience which should be especially valuable in his new assignment and makes his appointment of interest to social hygiene workers across the country.

Dr. Lester A. Kirkendall, assigned for activities in this Division for the past year, has resigned in order to accept a teaching assignment with the U. S. Army in Italy, and went overseas about August 15th. No successor has as yet been appointed.

Captain Burton Succeeds Captain Carter as Chief, Navy Division of Preventive Medicine.—Captain Thomas J. Carter, MC-USN, for the past three years chief of the Division of Preventive Medicine, Naval Bureau of Medicine and Surgery, left Washington early in August for overseas duty on the Guam Station. Captain O. L. Burton, MC-USN, recently returned from overseas duty, succeeds Captain Carter as divisional head. Captain Burton, previous to his overseas tour, was stationed in Washington as head of the Industrial Health Section of the Division.

WAVES Celebrate Third Birthday.—Tribute to the wartime record of the WAVES as "in the highest tradition of the naval service" was paid by James F. Forrestal, Secretary of the Navy, and Fleet Admiral Ernest J. King on the organization's third anniversary, July 30. There are 86,000 women serving as officers and enlisted personnel, accounting for 55 per cent of Navy personnel in the Washington area, and for 18 per cent of the total naval personnel assigned to duty ashore. There are 4,000 WAVES overseas. The birthday celebration at *U.S.S. Hunter* (formerly part of Hunter College, the Bronx, New York, and now center of all recruit training for enlisted WAVES) was addressed by Dean Virginia Gildersleeve of Barnard College, who is chairman of the Advisory Council of the Women's Reserve.

A review of 3,000 WAVES in "boot" training at the station, with a special drill exhibition and presentation of colors, formed part of the ceremony.

General Dunham Receives Distinguished Service Medal.—Major General George C. Dunham, MC, United States Army medical officer assigned to the Office of Inter-American Affairs, where he serves as President of the Institute of Inter-American Affairs, was decorated with the Distinguished Service Medal on August 9. The medal was presented by Surgeon General Norman T. Kirk on behalf of the War Department; and Nelson A. Rockefeller, former Co-ordinator of Inter-American Affairs, and Assistant Secretary of State in charge of Latin-American Affairs, read the citation praising General Dunham for work in "solving critical health, sanitation and food supply problems" of Central and South American countries, in the presence of a large group of Army officials.

General Dunham, known far and wide as "the flying doctor of the Americas," directs more than 1,000 health centers and other health and experimental projects throughout the other American republics. About 12,000, including doctors, nurses, dentists, sanitary engineers and other workers, carry on these projects, which are conducted in four languages (Spanish, Portuguese, French and English) and many dialects.

Federal Council of Churches Assigns Dr. Cavert for European Activities.—Dr. Samuel McCrea Cavert, General Secretary of the Federal Council of Churches of Christ in America, has been released for six months service with the Provisional Committee for the World Conference of Churches in Geneva, Switzerland. He will assist the Conference "on major matters of organization and policy during the crucial period of reconstruction in Europe." Dr. Cavert left to take up the overseas assignment early in September. During his absence Dr. Roswell P. Barnes, Associate, will serve as Acting General Secretary.

Chambers of Commerce Are Active in Health Work.—Four hundred and eighty Chambers of Commerce in the United States have health committees, with 255 others carrying on health activities through some other committee or group, according to a report just released

by Howard Strong, Secretary of the Health Advisory Council of the Chamber of Commerce of the USA. Of these groups, 185 reported that they had been concerned with venereal disease control programs, this activity and health publicity and education ranking well in importance among the programs carried on.

The report says: "These chambers of commerce are demonstrating that a health program is sound community building not only from the standpoint of human welfare but as a profitable dollar investment. This is a good record, but it is only a beginning."

Since its inception nearly three years ago, the Health Advisory Council has worked closely with the ASHA, and this relation should result in further development of social hygiene programs among these important community organizations.



39th Annual Seal Sale Starts November 19.—The National Tuberculosis Association has announced that the 1945 Christmas Seal Sale will open on Monday, November 19, and will continue as usual until Christmas.

Lt. Col. Craighill Reports on Health of Army Women Overseas.—Lt. Col. Margaret Craighill, MC, Consultant to The Surgeon General for Women's Health and Welfare, returned to Washington, D. C., in June from an eight-month inspection trip of WAC and medical installations during which she covered approximately 56,000 miles of the war zones, visiting England, France, Italy, Egypt, Africa, the Persian Gulf, India, Burma, China, Ceylon, Australia, New Guinea, the Philippine Islands, Guam and Hawaii. The tour was made on orders from Major General Norman T. Kirk, The Surgeon General, for the purpose of determining the health of the Women's Army Corps and Army nurses overseas.

Col. Craighill, says *SGO News Notes*, stated that in general the health of Army women overseas is excellent—even better than that of the men in many places because they have been given a better break in living conditions. She found that illnesses are more prevalent among the older women and that the younger women are better able to adapt themselves to hardships and inconveniences. For this reason she expressed her personal opinion that women over thirty-five should not be sent overseas unless they were needed for top administrative posts.

There is no need to be concerned about the effect of either cold or tropical climates on American women, she said, although she believes that they should not be left in difficult climates overseas for more than two years.

Col. Craighill, who was the first woman to be commissioned in the Army Medical Corps, was formerly dean of Woman's Medical College of Philadelphia, Pa.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON





Director, Community Service, American Social Hygiene Association

State Social Hygiene Laws in 1945.—At least 26 states among the 44 holding regular legislative sessions in 1945 considered some type of social hygiene legislation. Five more states adopted the prenatal examination law, which requires that the examining physician have a blood test for syphilis made of expectant mothers. This makes a total of 35 out of the 48 states plus the **Territory of Hawaii**, which now have this law. Two states, making a total of 32, adopted premarital examination laws, which require blood tests for syphilis before marriage licenses are issued. **Hawaii** also has such a law.

State Laws to Protect Marriage from Syphilis 1945



Map by the American Social Hygiene Association, September 1, 1945

32 states and Hawaii		Require blood tests for syphilis of both bride and groom before issuing marriage license
3 states		Require examination by physician for venereal diseases, or medical certificate showing freedom from such diseases, usually of grooms only
1 state		Prohibits marriage of persons infected with venereal diseases, or requires personal affidavit of freedom from such diseases, but no examination specified
12 states and the District of Columbia		Grant marriage licenses without regard to venereal disease infection

Four states enacted laws improving or strengthening existing statutes for the control of venereal diseases. **Oregon** adopted legislation providing for programs of health instruction in all elementary

and high schools of the state, said to be the first legislation of its type in any state. Although venereal disease education is not specifically mentioned in the law, it may become part of such a program. State legislative activities for the year so far may be summarized as follows:

Premarital Examination Laws—Florida, Hawaii and Oklahoma have adopted new laws. Maine, Michigan, North Carolina, Pennsylvania, West Virginia and Utah have amended their laws. Amendments in California and Nebraska failed. Arizona, Arkansas, Delaware, Kansas, Montana, Nevada, New Mexico, South Carolina, Texas and the State of Washington also considered premarital examination legislation which failed to pass.

Prenatal Examination Laws—Arizona, Florida, Montana, Ohio, and West Virginia adopted new laws. Maine and Oklahoma amended existing laws on this subject. In Arkansas, South Carolina and Texas, the legislature adjourned without passing proposed bills.

State Laws to Protect Babies from Syphilis 1945



Map by the American Social Hygiene Association, September 1, 1945

35 states
and Hawaii



Require prenatal blood tests for syphilis

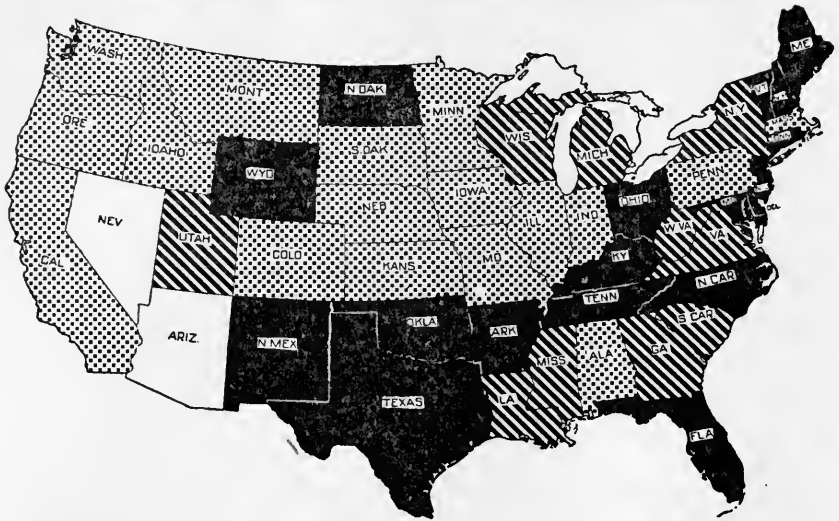
13 states
and the
District of
Columbia







Do not require prenatal blood tests for syphilis

Laws for Repression of Prostitution—Bills to strengthen existing statutes failed in Colorado, Indiana, Kansas, Maryland, Puerto Rico, and Utah. However 29 states have adequate laws, if enforced, and 17 other states have fairly adequate provisions for protecting the public from this evil.

State Laws to Protect the Community from Prostitution



Map by the American Social Hygiene Association, September 1, 1945

-  19 states have adequate laws against most aspects of prostitution.
-  10 states have adequate laws against most aspects of prostitution except the activities of customers of prostitutes.
-  17 states have laws against some activities of prostitutes and their exploiters.
-  2 states have laws against activities of exploiters of prostitutes, but inadequate laws against prostitutes.

Venereal Disease Control Laws—Fourteen state legislatures have considered new laws or amendments to strengthen their present VD control laws. **Connecticut, Delaware, New York, Pennsylvania** and **Vermont** strengthened their existing laws and the **Oklahoma** legislature enacted a new quarantine law. **New Jersey** enacted into law four of five bills introduced, which were signed by the Governor April 9th, to strengthen existing legislation. Bills were introduced but failed to pass in **Colorado, Florida, Maine, Maryland, Massachusetts, Nevada, New Hampshire** and **Utah**.

Thus continues the splendid progress in social hygiene legislation which struck a new pace ten years ago when Connecticut in 1935 passed the first effective premarital examination law, and which has hung up an all-time high record for swift acceptance and strong support among legislators and the general public. However, as the maps show, there is still much to be done, particularly in regard to laws against prostitution, which are more than ever likely to be needed in as adequate form as possible in the postwar years. The number of state legislatures rejecting bills proposed in recent sessions is an index to the job which lies ahead.

SOCIAL HYGIENE CITIZEN GROUPS

VOLUNTARY AND SEMI-OFFICIAL AGENCIES, INCLUDING SOCIETIES,
COUNCILS AND COMMITTEES IN THE STATES, COMMUNITIES
AND ISLAND POSSESSIONS

(A tentative list)

More than ever before in the history of the social hygiene campaign, active participation of the American public and of citizen groups is called for today. It is to the men and women who make up these groups, in the country's hometowns, that social hygiene must largely turn for strength to hold the gains of the past few years, including the war period. United public opinion and action, springing from knowledge of the facts and conviction of purpose, must continue to back up the official fight against the venereal diseases and commercialized prostitution, that these hometowns may keep themselves sound and wholesome for families to dwell in. Citizen effort must support and join with home, church and school in providing wise guidance and training for young people, that they may avoid dangers to health and morale, and by learning true values manage their lives happily and well.

As the call sounds to rally round these standards, the JOURNAL presents the following list of voluntary and semi-official groups in the states and communities, including the territorial and island possessions. All of these citizen groups have been reported to the American Social Hygiene Association as being engaged in some phase of the social hygiene program. All of them are welcome to the family circle. All of them, and many more, are needed.

The backbone of the list, of course, is made up of the experienced, well-established and professionally staffed social hygiene societies, affiliated with the national association and exerting strong influence and leadership. Other groups appearing here are staffed by part-time paid workers, or by voluntary workers, until such time as funds and suitable personnel are available to permit expanded program and facilities. Others are still in the beginning stage, studying community needs and considering how they shall be met. Still others, such as the social protection committees, were formed especially to aid in the war effort, and are now considering the opportunities for continued service in peacetime. And finally, this list includes some groups which for one reason or another are indicated as "inactive." (These latter in a number of cases have maintained Officers and Board of Directors intact, to provide for group action in emergency.)

The cooperation of all these groups with the national program and with each other is urgently required and cordially invited. News of many others, within the coming months, is hoped for. Meanwhile

the JOURNAL's Editors will appreciate from their readers any comments, corrections, additions or suggestions which will help in making this list more accurate and useful. For this purpose please address, JOURNAL OF SOCIAL HYGIENE, Room 609, 927 15th Street, N. W., Washington 5, D. C.

* Indicates that the group is affiliated with the American Social Hygiene Association, as the national voluntary organization in this field.

† Indicates that the group is inactive at present.

‡ Indicates that the group is in process of formation.

Alabama

See American Social Hygiene Association field office serving Alabama listed under Georgia.

Arizona

See American Social Hygiene Association field office serving Arizona listed under Utah.

Phoenix Social Center, Inc. Chairman, Mrs. Vira Rose Driscoll, 702 East Adams Street.

Tucson Mayor's Committee on Wartime Social Protection. Chairman, Phil J. Martin, Jr., Acting City Manager, City Hall.

Arkansas

See American Social Hygiene Association field office serving Arkansas listed under Texas.

Blytheville Social Hygiene Education Committee. Executive Secretary, Mrs. Bessie P. Ivy, 112 East Mathis Street.

Camden Social Hygiene Education Committee. Executive Secretary, Miss H. B. Williams, P. O. Box 85.

Crossett Social Hygiene Education Committee. Executive Secretary, Mrs. Dardanella Hughes, Box 98.

Forrest City Social Hygiene Education Committee. Executive Secretary, Rev. George W. Dudley, Box 802.

*Fort Smith: American Legion Social Hygiene Committee. Chairman, Rev. Carleton D. Lathrop, 215 North Sixth Street.

Helena Social Hygiene Education Committee. Executive Secretary, Miss Ardellia Bowman, 707 Righter Street.

Hot Springs Social Hygiene Education Committee. Executive Secretary, Mrs. M. B. Stetson, 717 Pleasant Street.

Little Rock Social Hygiene Education Committee. Executive Secretary, Miss Nannette Coggs, Dunbar High School.

McGehee Social Hygiene Education Committee. Executive Secretary, Mrs. Dorothy Jones, 915 Railroad Street.

Marianna Social Hygiene Education Committee. Executive Secretary, Mrs. Mildred Grady, 338 Maid Street.

Marion Social Hygiene Education Committee. Executive Secretary, W. C. Potts.

Monticello Social Hygiene Education Committee. Executive Secretary, Mrs. Q. L. Dunlap, Route 2, Box 112.

Prescott Social Hygiene Education Committee. Executive Secretary, Mrs. Johnnie Hamilton, Route 4, Box 26A.

Texarkana Social Hygiene Education Committee. General Chairman, Professor M. H. Mosely, Box 861.

California

American Social Hygiene Association, Western Division. Field Consultant, W. F. Higby, 45 Second Street, San Francisco 5.

See also **American Social Hygiene Association** field office serving California listed under Utah.

***California Social Hygiene Association.** Secretary, Lawrence Arnstein, 45 Second Street, San Francisco 5.

Los Angeles Coordinating Committee for VD Control. Chairman, Mrs. C. Brooks Fry, American Institute of Family Relations, 607 South Hill Street.

Los Angeles: Social Redirection Committee. Chairman, Miss Myrtle Silver, c/o Los Angeles Department of County Charities.

Riverside Mayor's Committee on Social Protection. Chairman, S. C. Evans.

San Bernardino Mayor's Committee on Social Protection. Chairman, Mayor W. S. Secombe.

San Diego Mayor's Committee on Social Protection. Chairman, Mayor Harley Knox.

***San Diego Social Hygiene Association.** 202 Bank of America Building, San Diego 1. Executive Secretary, Mrs. Vesta C. Muehleisen.

San Francisco: Family Relations Center, 2504 Jackson Street, San Francisco 15. Director, Henry M. Grant. Social Hygiene Committee. Chairman, Mrs. Milton Saper.

San Mateo: Social Hygiene Committee, San Mateo County Tuberculosis and Health Association. Executive Secretary, Mrs. Ruth Close, 115 Ellsworth Avenue.

Vallejo Mayor's Social Protection Committee. Chairman, Mayor George Demmon.

Colorado

See **American Social Hygiene Association** field office serving Colorado listed under Nebraska.

Colorado Springs Social Protection Committee. Chairman, Dr. M. F. Schafer, City-County Health Unit.

***Denver Public Health Council.** 314 Fourteenth Street, Denver 2. Executive Secretary, Gerald M. Porter. Social Hygiene Steering Committee. Chairman, Dr. Arthur A. Wearn.

Denver VD Control Committee. Chairman, Robert Kirschwing, Police Building.

Pueblo Council of Social Agencies. 322 Fifth Street. Acting Executive Secretary, Vearl H. Volgamore. Committee on Social Hygiene. Chairman, Dr. William Senger.

Pueblo Social Protection Committee. Chairman, Dr. William Senger, Corwin Hospital.

Trinidad Social Protection Committee. Chairman, Dr. R. L. Correll, City-County Health Unit.

Connecticut

See **American Social Hygiene Association** field office serving Connecticut listed under Massachusetts.

Bridgeport Social Protection Committee. Chairman, Dr. Richard D. Shea, Health Department.

Connecticut Tuberculosis Association, 43 Farmington Avenue, Hartford 5. Executive Secretary, Mabel Baird. Social Hygiene Committee, Chairman, Dr. Joseph I. Linde.

State Social Protection Committee. Chairman, Chief Justice William M. Maltbie, Supreme Court of Errors, Hartford.

Hartford Social Protection Committee. Chairman, Dr. A. L. Burgdorf, Health Officer, 550 Main Street.

Hartford Tuberculosis and Public Health Society. 65 Wethersfield Avenue, Hartford 6. Executive Secretary, Muriel F. Bliss, Ph.D. Social Hygiene Committee, Chairman, Mrs. O. G. Wiedman.

Middleton Social Protection Committee. Chairman, Dr. Mario Palmieri, City Health Department.

New Britain Social Protection Committee. Chairman, Dr. Louis J. Dumont, Health Department.

New Haven Social Protection Committee. Chairman, Dr. Joseph I. Linde, Health Officer, City Hall.

New London Social Protection Committee. Chairman, Mrs. Loretta Rogers Noonan, City Police Department.

Stamford Community Chest. 300 Main Street. Executive Director, Charlotte E. Owen. Social Hygiene Committee, Chairman, Robert C. Grieb.

Stamford Social Protection Committee. Chairman, Dr. Paul Brown, Health Department.

Torrington Social Protection Committee. Chairman, Dr. E. Pratt, Health Department.

Waterbury Social Protection Committee. Chairman, Justice Theobald E. Conway, Municipal Court.

Delaware

See **American Social Hygiene Association** field office serving Delaware listed under Maryland.

Delaware State Social Hygiene Association. 1308 Delaware Avenue, Wilmington 19. Secretary, Taggart Evans.

District of Columbia

American Social Hygiene Association, Washington Liaison Office, Room 609, 927 Fifteenth Street, N. W., Washington 5. Director in Charge, Jean B. Pinney.

***Social Hygiene Society of the District of Columbia.** 927 Fifteenth Street, N. W., Washington 5. Executive Secretary, Ray H. Everett.

Florida

See **American Social Hygiene Association** field office serving Florida listed under Georgia.

†**Florida Social Hygiene Council.** 1855 Powell Place, Jacksonville. President, Mrs. Willis M. Ball.

†**Duval County Social Hygiene Council.** 404 Hildebrandt Building, Jacksonville. George W. Simons, Jr.

Georgia

American Social Hygiene Association Field Office, serving Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina and Tennessee. 506-508 Citizens and Southern National Bank Building, Atlanta. Field Representative in Charge, Charles E. Miner.

***Georgia Social Hygiene Council.** Room 240, State Office Building, Atlanta 3. Executive Secretary, Mrs. Charles D. Center.

Idaho

See **American Social Hygiene Association** field office serving Idaho listed under Utah.

***Idaho Anti-Tuberculosis Association.** Capitol Securities Building, Boise. Executive Secretary, Miss Frances M. Goodwin.

†**Pocatello City-Army Coordinating Committee.** Chairman, Chief of Police A. L. Oliver.

Twin Falls Social Protection Committee. Chairman, Mrs. J. E. Hayes.

Wallace Community Council. Chairman, John Wimer.

Illinois

American Social Hygiene Association Field Office, serving Illinois, Michigan and Wisconsin. Room 615, 360 North Michigan Avenue, Chicago 1. Field Representative in Charge, Wade T. Searles; Field Representative, Mrs. Esther E. Sweeney.

***Illinois Social Hygiene League.** 303 East Chicago Avenue, Chicago 11. Executive Director, Bertha Shafer, M.D.

***Champaign Council of Social Agencies.** 303 South Wright Street. Secretary, Lyle H. Gallivan.

Chicago: The Association for Family Living. 209 South State Street. Administrative Director, Mrs. Hamilton M. Loeb.

Chicago: *Committee of Fifteen. 203 North Wabash Avenue, Chicago 1. Executive Director, H. H. Haylett.

Chicago Delinquency Prevention Committee. Chairman, Charles Browning, c/o Chicago Defender.

Chicago: Juvenile Protective Association of Chicago. 816 South Halstead Street, Chicago 7. Executive Director, Jessie F. Binford.

Chicago: *Public Health Institute, 159 North Dearborn Street, Secretary, C. A. Cummings, M.D.
Danville Social Hygiene Association. Y.M.C.A. Chairman, W. H. Debenham.
Decatur Council of Social Agencies. 251 Citizens Building, Decatur 30. Executive Secretary, Donald S. Eyster. Social Hygiene Committee. Chairman, Lydia Hackman.
East St. Louis Social Protection Committee. Chairman, John English, Commissioner of Police.
Evanston Social Hygiene Organization. 1519 Hinman Avenue. Secretary, Mrs. Frank W. Cauley.
Mattoon Social Protection Committee. Chairman ex officio, Mayor G. W. Smith.
Moline Public Health Forum. 1531½ Third Avenue. Mabel M. Dunlap.
Peoria Citizens Committee on VD Control. Chairman, Samuel Belfer, c/o Junior Chamber of Commerce.

Indiana

See American Social Hygiene Association field office serving Indiana listed under Ohio.
***Fort Wayne League against Venereal Diseases.** 259-260 Central Building. Secretary, Clem J. Steigmeyer.
Gary Social Protection Committee. Chairman, Joseph E. Baldwin, c/o Lake County Department of Public Welfare, 15 West 4th Avenue, Gary.
***Indianapolis Social Hygiene Association.** 1140 East Market Street, Indianapolis 2. Director, Mrs. Meredith Nicholson, Jr.
South Bend Social Protection Committee. Chairman, Dr. F. R. Nicholas Carter, City Health Officer, Department of Public Health.

Iowa

See American Social Hygiene Association field office serving Iowa listed under Nebraska.
Des Moines: Social Protection Committee, Council of Social Agencies. 625 Flynn Building.

Kansas

See American Social Hygiene Association field office serving Kansas listed under Nebraska.
***Kansas Tuberculosis and Health Association.** 824 Kansas Avenue, Topeka. Executive Secretary, C. H. Lerrigo, M.D.

Kentucky

See American Social Hygiene Association field office serving Kentucky listed under Ohio.
***The Social Hygiene Association of Kentucky.** 620 South Third Street, Louisville 2. Executive Secretary, Margaret Flynn.
Ashland Social Hygiene Committee. City Hall. Chairman, Judge Ira Imes.
Bowling Green Social Hygiene Committee. 429 12th Street. Chairman, Rev. A. L. Kershaw.
Louisville: Mayor's Committee on VD Control. Chairman, Mayor Wilson Wyatt, City Hall.
Louisville Social Protection Committee, Council of Social Agencies. Chairman, Elizabeth Broecker, Children's Center, 316 E. Chestnut Street.
Owensboro Social Hygiene Committee. City Hall. Chairman pro tem, Judge Everett Long.
Paducah Social Hygiene Committee. Broadway Methodist Church. Chairman, Rev. Ted Hightower.

Louisiana

See American Social Hygiene Association field office serving Louisiana listed under Texas.
Alexandria Health Council. Executive Secretary, Mrs. Lula Stephenson, 914 Fulton Street.
Baton Rouge Health Council. Executive Secretary, Mrs. B. E. Perkins, c/o Mrs. M. N. Ringgold, 585 South 13th Street.

- Monroe Health Council.** Executive Secretary, Mrs. A. M. Miller, 1006 Washington Street.
- *New Orleans Social Hygiene Association.** 1237 Jackson Avenue, New Orleans 13. Executive Secretary, Odile Simpson.
- New Orleans: VD Council.** Chairman, Dr. John M. Whitney, Superintendent of Public Health, City Health Department.
- Shreveport Health Council.** Executive Secretary, E. H. Bayliss, 1507 Christian Street.
- Shreveport: Social Protection Committee.** Chairman, Mayor Sam Caldwell, City Hall.

Maine

- See American Social Hygiene Association field office serving Maine listed under Massachusetts.
- Auburn Social Protection Committee.** Chairman, Miss Shirley Davis, Health Officer.
- Bangor Social Protection Committee.** Chairman, Dr. Harry McNeil, Health Officer.
- Bath Social Protection Committee.** Chairman, Mrs. James Gillies, 509 Washington Street.
- Belfast Social Protection Committee.** Chairman, Mrs. Harold R. Stone.
- Brunswick Social Protection Committee.** Chairman, Mrs. Morgan B. Cushing.
- Lewiston Social Protection Committee.** Chairman, Professor Anders Myrman, Bates College.
- Portland Social Protection Committee.** Chairman, Mrs. Langdon Thaxter, 342 Spring Street.
- Presque Isle Social Protection Committee.** Chairman, George Perry.
- Rockland Social Protection Committee.** Chairman, Mayor Edward R. Veazie.
- Saco Social Protection Committee.** Chairman, Mrs. Lloyd Walker.

Maryland

- American Social Hygiene Association Field Office,** serving Delaware, Maryland, Pennsylvania and Virginia. c/o Baltimore Community Fund, 22 South Light Street, Baltimore 2. Field Representative, John Hall.
- †Maryland Social Hygiene Society.** 22 Light Street, Baltimore 2. Acting Secretary, James M. Hepbron.

Massachusetts

- American Social Hygiene Association** field office serving New England. Field Representative, Mrs. James W. Sever, 25 Appleton Street, Cambridge.
- *Massachusetts Society for Social Hygiene.** 1146 Little Building, Boston 16. Executive Secretary, Mrs. S. W. Miller.
- Massachusetts Society for Social Hygiene, Western Branch.** President, Raymond T. King, 145 State Street, Springfield.
- Boston Social Protection Committee.** Chairman, Justice Leo H. Leary, South Boston Municipal Court, 1 Court Street, Boston.
- Cambridge Tuberculosis and Health Association.** 689 Massachusetts Avenue. Executive Secretary, Mabel N. Brown. Social Hygiene Committee. Chairman, Dr. Oscar Cox.
- Fall River Social Protection Committee.** Chairman, Abel J. Violette, Chief of Police.
- Holyoke Social Hygiene Committee.** 42 Brookline Avenue. Chairman, Louis K. Appel.
- New Bedford Social Protection Committee.** Chairman, Judge Samuel Barnet, Third District Court.
- Pittsfield Council of Social Agencies.** 74 North Street. Executive Secretary, I. P. Thompson. Social Hygiene Committee. Chairman, Miss Esther E. Anderson, 741 North Street.
- Springfield: Western Branch of the Massachusetts Society for Social Hygiene,** 145 State Street, Executive Secretary, Madeleine McChesney.
- Taunton Social Protection Committee.** Chairman, Edward E. Pierce, Editor, Taunton Gazette.

Michigan

See American Social Hygiene Association field office serving Michigan listed under Illinois.

†Joint Michigan State Medical Society Syphilis Control Committee and State Bar of Michigan Special Committee on Wartime Social Protection. Chairman, Dr. Nobel W. Guthrie, Acting Director, Division of VD Control, Michigan Department of Health, Lansing 4.

Albion Health Committee. 114 South Albion Street. Chairman, Miss Ruth Ferguson.

†Battle Creek: Committee of Sixteen. Secretary, Dr. Hugh B. Robins, Director, Calhoun County and Battle Creek Health Department.

Battle Creek Health Committee. Hamblin Avenue-USO. Chairman, Miss Cleo Haley.

Detroit Joint Civilian-Military VD Committee. Chairman, Dr. L. W. Shafer, c/o City Department of Health.

Kalamazoo Council of Social Agencies. 111 North Rose Street. Social Hygiene Committee. Chairman, Professor R. E. Joyce, c/o Western Michigan College.

Minnesota

See American Social Hygiene Association field office serving Minnesota listed under Nebraska.

Mississippi

See American Social Hygiene Association field office serving Mississippi listed under Georgia.

*Mississippi Social Hygiene Association. Room 317, Lampton Building, Jackson 113. Secretary, Ray E. Baird.

Meridian: †Lauderdale County Social Hygiene Association. c/o Lauderdale County Health Department. Dr. R. L. Simmons.

Missouri

See American Social Hygiene Association field office serving Missouri listed under Nebraska.

*Missouri Social Hygiene Association. 3713 Washington Boulevard, St. Louis 8. Executive Director, Harriet S. Cory, M.D.

Missouri Social Hygiene Council. 1402 South Grand Boulevard, St. Louis. Chairman, Rev. Alphonse M. Schwitalla.

*Kansas City Social Hygiene Society. Room 404, 1020 McGee Street, Kansas City 6. Executive Secretary, Mrs. F. H. Ream.

Kansas City: *The Social Improvement League. 519 Ridge Building. Secretary, Nat Spencer.

Montana

See American Social Hygiene Association field office serving Montana listed under Utah.

Great Falls Civilian-Army Coordinating Committee. Chairman, Dr. H. V. Bigson, Civic Center.

Nebraska

American Social Hygiene Association Field Office, serving Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wyoming. 736 World-Herald Building, Omaha 2. Field Representative, Wade T. Searles.

*Lincoln and Lancaster County Social Hygiene Association. 1001 State Capitol Building, Lincoln 9. Executive Secretary, Mrs. Florence Walt.

North Platte Social Hygiene Committee. Chairman, Mrs. Bert Overcash, State Department of Health.

Omaha: *Health Division Community Welfare Council of Omaha. 736 World-Herald Building, Omaha 2. Executive Secretary, Josephine J. Albrecht. Social Hygiene Committee. Chairman, Edwin Gossem.

Nevada

See American Social Hygiene Association field office serving Nevada listed under Utah.

*Nevada Social Hygiene Association. 414 Clay Peters Building, Reno. Executive Secretary, Nina Marie Klise.

New Hampshire

See American Social Hygiene Association national office serving New Hampshire listed under Massachusetts.

New Hampshire State Social Hygiene Association. President, Judge Alfred J. Chretien; Executive Secretary, Mrs. Glenn Wheeler, Bristol.

Concord Social Protection Committee. Chairman, Dr. Edward M. Colby, Division of VD Control, State Department of Health, 17 School Street.

***Manchester Council of Social Agencies.** 63 Market Street. Acting Secretary, Mrs. Charles B. Manning. Social Hygiene Committee. Chairman, Dr. H. W. N. Bennett.

Manchester Social Protection Committee. Chairman, Chief O'Neill, Police Department.

Portsmouth Social Protection Committee. Chairman, Rev. Ernest Thorsell, 399 Richards Avenue.

New Jersey

See American Social Hygiene Association national office serving New Jersey listed under New York.

New Jersey State Social Protection Committee. Chairman, L. Van D. Chandler, Chief Probation Officer, Room 117 Administrative Building, Hackensack.

***New Jersey Tuberculosis League.** 15 East Kinney Street, Newark 2. Executive Secretary, Ernest D. Easton. Social Hygiene Committee. Chairman, Glenn S. Usher, M.D.

Atlantic City: Atlantic County Social Protection Committee. Chairman, Charles P. Jeffries, Director, County Welfare Board, Guarantee Trust Building.

Camden County Social Protection Committee. Chairman, Judge Mitchel Cohen, Camden City Court, 709 Market Street, Camden.

Elizabeth: Union County Tuberculosis League. 801 Court House. Executive Secretary, Stella O. Kline. Social Hygiene Committee. Chairman, Andrew J. Krog.

Hackensack: Bergen County Social Protection Committee. Chairman, Peter Halsted, Director, County Welfare Board, Administrative Building, Hackensack.

Morristown: Morris County Social Protection Committee. Chairman, Mrs. Sallie Hill King, Acting Director, Morris County Welfare Board, 10 Park Place.

Mount Holly: Burlington County Social Protection Committee. Chairman, George D. Wright, Director, County Welfare Board, 127 High Street, Mount Holly.

Newark Social Protection Committee. Chairman, Dr. Charles V. Craster, Department of Health, Plane and William Streets.

New Brunswick: Middlesex County Social Protection Committee. Chairman, Dr. Robert L. McKiernan, Middlesex Hospital.

New Brunswick: Middlesex County Tuberculosis and Health League. 46 Paterson Street. Executive Secretary, Mrs. Jane P. Schirber. Social Hygiene Committee. Chairman, Mrs. W. C. Krueger.

Orange Social Protection Committee. Chairman, Jane Cook, Supervisor, VD Nurses, State Department of Health, 1 West State Street, Trenton.

Paterson: Passaic County Social Protection Committee. Chairman, Joseph Greene, County Court House, Paterson.

Trenton: Mercer County Social Protection Committee. Chairman, Dr. William E. Mountford, Health Officer, Department of Health, Trenton.

New Mexico

See American Social Hygiene Association field office serving New Mexico listed under Texas.

‡**State Social Protection and VD Control Committee.** Chairman, Dr. E. F. McIntyre, Chief, VD Control Division, State Health Department, Santa Fe.

New York

American Social Hygiene Association. 1790 Broadway, New York 19. Executive Director, Walter Clarke, M.D.

***State Committee on Tuberculosis and Public Health, State Charities Aid Association.** 105 East 22d Street, New York 10. Chairman, Peter Cantline; Secretary, Homer Folks; Executive Secretary, George J. Nelbach.

- Albion:** Tuberculosis and Public Health Committee of Orleans County. Secretary, Mrs. E. Earl Harding.
- Amsterdam:** Tuberculosis and Health Association of Montgomery County. 20 Market Street. Executive Secretary, Helen C. Brennan.
- Auburn:** Cayuga County Health Association. 160 Genesee Street. Executive Secretary, Hal T. Kearns. Social Hygiene Committee. Chairman, John W. Copeland, M.D.
- Batavia:** Genesee County Christmas Seal Committee. City Hall. Acting Secretary, Miss Catherine Hyde.
- Belmont:** Allegany County Health and Tuberculosis Association. Schuyler Street. Assistant Executive Secretary, Jeanne M. Potter.
- *Binghamton:** Broome County Tuberculosis and Public Health Association. 116 Front Street. Executive Secretary, Dorothy Denniston.
- Brewster:** Putnam County Health Association. 37 Prospect Street. Executive Secretary, Mrs. Raymond Bruen. Social Hygiene Committee. Chairman, Mrs. Willis Ryder, Carmel.
- Brooklyn:** Tuberculosis and Health Association. 293 Schermerhorn Street, Brooklyn 17. Secretary, Charles S. Prest, M.D., Social Hygiene Committee. Chairman, Charles S. Prest, M.D.
- Buffalo and Erie County:** Tuberculosis Association. 708 Ellicott Street, Buffalo 3. Executive Secretary, Janet A. Scott. Social Hygiene Committee. Chairman, George T. Ballachey.
- *Buffalo 2:** Council of Social Agencies. 921 Genesee Building. Executive Secretary, Elmer J. Tropman. Social Hygiene Committee. Chairman, Earl D. Osborne, M.D.
- Canisteo:** Steuben County Tuberculosis and Public Health Association. Health Education Secretary, Mrs. Marguerite Vanderhoef.
- Catskill:** Greene County Tuberculosis and Public Health Association. Cherry Lane. Executive Secretary, Mrs. Frederick C. Fiero. Social Hygiene Committee. Chairman, Mrs. William E. Thorpe, Jr.
- Corning:** Committee on Tuberculosis and Public Health of the Social Service Society. 407 First National Bank Building, Corning. Executive Secretary, Robie O. Sargent.
- Dunkirk:** Chautauqua County Tuberculosis and Public Health Association. 29 East Fourth Street. Executive Secretary, Mrs. Laura Stegman. Social Hygiene Committee. Chairman, Dr. C. E. Goodell.
- Elmira:** Chemung County Visiting Nurse and Tuberculosis Association. 115 East Church Street. Executive Secretary, Ethel Phillips.
- Geneva:** Ontario County Committee on Tuberculosis and Public Health. 34 Castle Street. Executive Secretary, Ellen Allsopp. Social Hygiene Committee. Chairman, William G. Warr.
- Glens Falls:** Warren County Tuberculosis and Health Association. 59 Ridge Street. Executive Secretary, Marjorie M. Bucknam.
- Herkimer:** *Herkimer County Committee on Tuberculosis and Public Health. Court House. Executive Secretary, Winifred Salom.
- Hornell:** Tuberculosis Committee. Health Center, Hornell. Executive Secretary, Mrs. Charles Tanner.
- Hudson:** Tuberculosis Eradication Association of Columbia County. 426 Warren Street. Executive Secretary, Miss Carolyn Leh.
- Hudson Falls:** Washington County Tuberculosis and Public Health Association. P. O. Box 264, County Court House. Executive Secretary, Dorothy Yeakel.
- Ithaca:** *Tompkins County Tuberculosis and Public Health Association, 101 N. Cayuga Street. Executive Secretary, Miss Marion L. Babcock.
- Jamaica, L. I. 2:** *Queensboro Tuberculosis and Health Association. 90-04 161st Street. Executive Director, Charles A. Freck.
- Johnstown:** Fulton County Tuberculosis and Public Health Association. County Building. Executive Secretary, Mrs. Iva W. Holmes. Social Hygiene Committee. Chairman, Joel W. Ager.
- Keene Valley:** Essex County Tuberculosis and Public Health Association. Executive Secretary, C. Marie Beede. Social Hygiene Committee. Chairman, John H. Evans, M.D.
- Kingston:** Ulster County Tuberculosis and Health Association. 74 John Street. Executive Secretary, Katherine Murphy. Social Hygiene Committee. Chairman, Arthur Laidlaw.

- Livonia:** Livingston County Health Service. Executive Secretary, Mrs. Martha L. Mott.
- Malone:** Franklin County Tuberculosis and Public Health Association. County Court House. Executive Secretary, Mrs. Virgie Lee Smith. Social Hygiene Committee. Chairman, Mrs. Paul Cantwell.
- Middleburg:** Schoharie County Tuberculosis and Public Health Association. Executive Secretary, Mrs. Frances B. Spencer.
- Middletown:** Orange County Health Association. 36 West Main Street. Executive Secretary, Grace D. Cole. Social Hygiene Committee. Chairman, Dr. N. P. Cosco.
- Mineola:** Nassau County District Attorney's Committee for Social Protection. Edward J. Neary, Courthouse, Mineola.
- Mineola:** Nassau County Tuberculosis and Public Health Association. 1565 Franklin Avenue. Executive Secretary, Frances H. Barbour.
- Monticello:** Sullivan County Health Association. Bushnell Building. Executive Secretary, Mrs. Beryl L. Cole. Social Hygiene Committee. Chairman, Dr. Lee R. Tompkins.
- Newark:** Wayne County Tuberculosis and Public Health Association. P. O. Box 188. Executive Secretary, Caroline J. Lum. Social Hygiene Committee. Chairman, H. V. Wilson.
- Newburgh Public Health and Tuberculosis Association.** 86 Broadway, Newburgh. Executive Secretary, Margo Mason. Social Hygiene Committee. Chairman, Joseph F. Monihan.
- New City:** Rockland County Tuberculosis and Health Committee. Coyle Building, Main Street. Executive Secretary, Eleanor V. Green.
- New Rochelle Mayor's Committee on Social Protection.** Mayor Stanley Church.
- *New York Tuberculosis and Health Association.** 386 Fourth Avenue, New York 16. Executive Director, Frank Kiernan. Social Hygiene Committee. Secretary, Jacob A. Goldberg.
- New York 35:** Harlem Council on Social Hygiene. 2238 Fifth Avenue. Chairman, Augustine A. Austin; Executive Secretary, Roger Gordon.
- Niagara Falls:** Tuberculosis and Health Association of Niagara County. 209 Gluck Building. Executive Secretary, Carl O. Lathrop.
- Norwich:** Chenango County Tuberculosis and Public Health Association. P. O. Box 442. Executive Secretary, Mrs. Edwin Adwards.
- Ogdensburg:** St. Lawrence County Tuberculosis and Public Health Association. 216 Ford Street. Executive Secretary, Mrs. Elizabeth A. Ward. Social Hygiene Committee. Chairman, John Nichols.
- Oneida:** Madison County Tuberculosis and Public Health Committee. City Hall. Executive Secretary, Mary Elizabeth Darby.
- Oneonta:** Otsego County Tuberculosis and Public Health Association. 17 Ford Avenue. Executive Secretary, Miss Mary M. Jones.
- Oswego County Health Association.** Health Center, Oswego. Executive Secretary, Virginia C. Simons.
- Owego:** Tioga County Tuberculosis and Public Health Association. 15 Lake Street. Executive Secretary, Mrs. Lois S. Goodwin.
- Penn Yan:** Yates County Committee on Tuberculosis and Public Health. Arcade Building. Executive Secretary, Jane Corcoran. Social Hygiene Committee. Chairman, Rev. R. N. Jessup.
- Peru:** Clinton County Committee on Tuberculosis and Public Health. Executive Secretary, Mrs. Alan Derby.
- Poughkeepsie:** Dutchess County Health Association. 16 Cannon Street. Executive Secretary, Mrs. Cynthia Pettee Sweet. Social Hygiene Committee. Chairman, Miss Rebecca Rider.
- Reading Center:** Schuyler County Tuberculosis and Health Association. Secretary, G. Doyle Smith.
- Riverhead:** Suffolk County Tuberculosis and Public Health Association. 84 West Main Street. Executive Secretary, Agnes E. Gerding.
- Rochester 7:** *Tuberculosis and Health Association of Rochester and Monroe County. 277 Alexander Street. Executive Secretary, Marie Goulett. Social Hygiene Committee. Robert F. Schanz, M.D.
- Salamanca:** Cattaraugus County Tuberculosis and Public Health Association. 52 Main Street. Executive Secretary, Amy E. Rogers. Social Hygiene Committee. Chairman, Raymond Van Wie.

- Saratoga Springs:** Saratoga County Tuberculosis and Public Health Association. 426½ Broadway. Executive Secretary, Hanora McDonald. Social Hygiene Committee. Chairman, G. Scott Towne, M.D.
- Schenectady County Committee on Tuberculosis and Public Health.** 207 State Street, Schenectady 5. Executive Secretary, Mrs. Iva J. Thompson. Social Hygiene Committee. Chairman, Mrs. David C. Prince.
- Speculator:** Hamilton County Tuberculosis and Public Health Association. Executive Secretary, Mrs. Arthur J. Tefft.
- Syracuse 2:** *Onondaga Health Association. 607 Loew Building. Executive Secretary, Arthur W. Towne. Social Hygiene Committee. Chairman, Thomas F. Laurie, M.D.
- Troy:** Rensselaer County Tuberculosis and Public Health Association. P. O. Box 634. Executive Secretary, Mrs. Marian Laird Fahey. Social Hygiene Committee. Chairman, Dr. Ray Palmer Baker.
- Utica 2:** Oneida County Tuberculosis and Health Association. 219 Genesee Street. Executive Secretary, Florence E. Curtis.
- Utica Council of Social Agencies, Social Hygiene Committee.** Roy Woodbury.
- Walton:** Delaware County Tuberculosis and Public Health Association. 144 Delaware Street. Executive Secretary, Mrs. Robert B. Watson.
- Warsaw:** Wyoming County Committee on Tuberculosis and Public Health. Court House. Executive Secretary, Mrs. Charles Smallwood.
- Waterloo:** Seneca County Committee on Tuberculosis and Public Health. 36 East Main Street. Executive Secretary, Ruth A. Page. Social Hygiene Committee. Chairman, Bruno Riemer, M.D.
- Watertown:** Jefferson County Tuberculosis and Public Health Association. 507 Watertown National Bank Building. Executive Secretary, Gertrude F. Baker.
- White Plains:** Westchester Tuberculosis and Public Health Association. 8 Church Street. Executive Secretary, Mrs. Susan M. Baker. General Health Education. Chairman, Harold E. Hollister.
- Yonkers Tuberculosis and Health Association.** 20 South Broadway, Yonkers 2. Executive Secretary, Mrs. Marie F. Kirwan.

North Carolina

See American Social Hygiene Association field office serving North Carolina listed under Georgia.

North Dakota

See American Social Hygiene Association field office serving North Dakota listed under Nebraska.

Ohio

- American Social Hygiene Association Field Office,** serving Indiana, Kentucky, Ohio, and West Virginia. c/o National Conference of Social Work, 82 North High Street, Columbus 15. Field Representative, Wade T. Searles.
- Ohio Social Hygiene Council.** c/o Board of Health, Cincinnati. Chairman, Carl A. Wilzbach, M.D.
- *Akron Social Hygiene Society,** 1576 Ottawa Avenue, Akron. Secretary, Mrs. C. H. Smith.
- *Cincinnati Social Hygiene Society.** 312 West Ninth Street, Cincinnati 2. Executive Secretary, Roy E. Dickerson.
- †Cincinnati Social Protection Committee.** Chairman, Carl A. Wilzbach, M.D.; Secretary, Roy E. Dickerson, Cincinnati Social Hygiene Society.
- Cleveland:** *Family Health Association. 2525 Euclid Avenue, Cleveland 15. Director, Etta A. Creech; Health and Social Hygiene Instructor, Mrs. Elva Horner Evans.
- Cleveland:** *Joint Social Hygiene Committee, Academy of Medicine of Cleveland and Cleveland Health Council. 1001 Huron Road, Cleveland 15. Secretary, Robert N. Hoyt, Dr.P.H.
- Cleveland Committee on Social Protection.** Chairman, Mrs. Stanlee T. Bates, Welfare Federation, 1001 Huron Road.
- Columbus, Metropolitan Health Council of.** 8 East Long Street, Columbus 15. Executive Secretary, Mrs. Ralph W. Hoffman. Social Hygiene Committee. Secretary, Walter Hixenbaugh.

- *Dayton Social Hygiene Association.** Room 1308, U. B. Building, Dayton 2. Executive Secretary, Mrs. Florence J. Sands.
- Dayton Social Protection Committee.** Chairman, Dr. H. H. Williams; Secretary, E. V. Stoecklein, Welfare Director, 406 Municipal Building.
- *Massilon Social Hygiene Council.** Washington High School, Massilon. Secretary, L. P. Kemp.
- Portsmouth: Scioto County Tuberculosis and Health Association.** 46 National Bank Building, Portsmouth. Executive Secretary, Magdalen Sommer. Social Hygiene Committee. Chairman, Dr. C. W. Wendelken.
- Youngstown Social Hygiene Association.** 67 Como Avenue, Struthers. President, Paul H. Luce.
- *Toledo, Social Hygiene Council of.** 214 Safety Building, Toledo 2. President, Arthur R. Siebens, Ltd.
- Warren: Mayor's Committee on VD Control.** Chairman, Dr. M. T. Knappenberger, c/o Mayor, City Building.

Oklahoma

See American Social Hygiene Association field office serving Oklahoma listed under Texas.

- *Oklahoma Social Hygiene Association, Inc.** 2418 N. W. Guernsey, Oklahoma City 3. Secretary, Everett L. Curtis.
- Bristow Social Hygiene Education Committee.** Executive Secretary, Mrs. Willa Peevy, Box 438.
- Broken Bow Social Hygiene Education Committee.** Executive Secretary, Mrs. R. S. Barr, Box 631.
- Drumright Social Hygiene Education Committee.** Executive Secretary, C. C. McIntosh, Box 974.
- Enid Social Hygiene Education Committee.** Executive Secretary, Mrs. Mary H. Robinson, 305 East Park.
- Holdenville Social Hygiene Education Committee.** Executive Secretary, Mrs. A. M. Lyle, Box 254.
- Hugo Social Hygiene Education Committee.** Executive Secretary, William Marshall, Box 103.
- Idabel Social Hygiene Education Committee.** Executive Secretary, Professor O. M. Daniels, Box 803.
- Lawton Social Hygiene Education Committee.** Executive Secretary, Mrs. Pauline Pars.
- McAlester Social Hygiene Education Committee.** Executive Secretary, Mrs. Gladys Vernon, 926 West Cherokee.
- Muskogee Social Hygiene Education Committee.** Executive Secretary, Mrs. A. L. Locust, 218½ North Second Street.
- Oklahoma County Health Association.** 600 So. Hudson, Box 1232, Oklahoma City 1. Executive Secretary, Arthur H. German. Social Hygiene Service. Director, Mrs. Eileen H. Wilson.
- Oklahoma City Social Hygiene Education Committee.** Executive Secretary, Mrs. Ruth F. Norton, 1618 East Eighth Street.
- Okmulgee Social Hygiene Education Committee.** General Chairman, J. W. Anderson, 211 North Muskogee.
- Ponca City Social Hygiene Education Committee.** Executive Secretary, Mrs. Sylvia Eddins, 1015 South Eleventh Street.
- Sapulpa Social Hygiene Education Committee.** Executive Secretary, Mrs. Louella Brunner, 420 West Johnson Street.
- Sandsprings Social Hygiene Education Committee.** Executive Secretary, W. O. Haynes, Box 655.
- Seminole Social Hygiene Education Committee.** Executive Secretary, L. W. Frances, Box 1224.
- Shawnee Social Hygiene Education Committee.** Executive Secretary, Mrs. F. L. Watson, 703 South Union.
- Tulsa County Social Hygiene Association.** 1940 East 13th Street, Tulsa 4. Secretary, Miss Barbara Wildman.
- Tulsa Social Hygiene Education Committee.** Executive Secretary, Mrs. Dollie R. Walker, 537 North Detroit.
- Wewoka Social Hygiene Education Committee.** Executive Secretary, Mrs. Addie Newton, Box 833.

Oregon

See American Social Hygiene Association field office serving Oregon listed under Utah.

***Oregon Tuberculosis Association.** 605 Woodlark Building, Portland 5. Executive Secretary, Mrs. Saidie Orr Dunbar; Director, Social Hygiene Education, F. G. Scherer.

Astoria: Clatsop County Social Hygiene Committee. Chairman, Rev. Joseph Vanderbeck, Astoria.

Klamath County Social Hygiene Committee. Chairman, Fred Fleet, 111 North 9th Street, Klamath Falls.

Pendleton Citizens Social Protection Committee. Chairman, Rev. Earl P. Cochran, c/o First Presbyterian Church.

Portland: Civic Action, Inc. Temporary Chairman, Ed F. Averill, 622 Yeon Building.

Portland-Multnomah County Social Hygiene Committee. Chairman, Scott A. MacEachron, Manager, Federal Reserve Bank of San Francisco, Porter Building, Portland.

Portland Social Redirection Committee. Chairman, Elizabeth Goddard, c/o Portland Council of Social Agencies, Terminal Sales Building.

Pennsylvania

See American Social Hygiene Association field office serving Pennsylvania listed under Maryland.

Pennsylvania Association for the Blind. 400 North Third Street, Harrisburg. Executive Secretary, P. N. Harrison; Marcella Cohen, Supervisor, Prevention of Blindness Department, Pittsburgh Branch, 308 South Craig Street, Pittsburgh.

***Bethlehem Tuberculosis and Health Society.** 70 East Broad Street, Bethlehem. Executive Secretary, Margaret Donaldson. Social Hygiene Committee. Chairman, Earl E. Schaffer.

Chester: *Delaware County Tuberculosis and Health Association. 301 Merchants Trust Building, Chester. Executive Secretary, Robert W. Bernhardt. Social Hygiene Committee. Chairman, Mayor Ralph W. Swarts.

Erie: *Committee of Sixteen. c/o Reed Manufacturing Company, Erie. Chairman, Ross Pier Wright.

***Erie Social Hygiene Association.** 133 West Seventh Street, Erie. Executive Secretary, Newell W. Edson.

Harrisburg Social Protection Committee on VD. Chairman, Dr. Charles N. Crompton, 600 Forest Street.

Harrisburg: *Tuberculosis and Health Society of Harrisburg and Dauphin County. Municipal Building, Harrisburg. Executive Secretary, Mrs. Henry W. Taylor. Social Hygiene Committee. Chairman, Jesse D. Wells.

Johnstown Society for Prevention of Tuberculosis. 307 Johnstown Trust Building. President, Harry B. Hershey.

Lancaster Law and Order Society. 7 West Orange Street. Chairman, Dr. Nevin Hainer.

Philadelphia Citizen's Committee for Social Hygiene. 1302 South 18th Street. Chairman, John P. Turner, M.D.

Philadelphia Council of Defense. 519 City Hall Annex, Philadelphia 7. Subcommittee on VD. Chairman, Norman Ingraham, Jr., M.D.

Philadelphia Tuberculosis and Health Association. 311 South Juniper Street, Philadelphia 7. Director, Charles Kurtzhals. Social Hygiene Day Committee. Chairman, Hubley R. Owen, M.D.

Philadelphia: V. D. Educational Advisory Committee, Room 1201 Market Street, National Bank Building, Philadelphia 7. Chairman, Judge Charles E. Kenworthy; Secretary, Mrs. Alberta Morris.

Philadelphia Yearly Meeting of Friends. 1515 Cherry Street, Philadelphia 2. Social Service Committee. Field Secretary, Richmond P. Miller.

Pittsburgh General Health Council. 519 Smithfield Street, Pittsburgh 22. Executive Director, W. W. McFarland, M.D.

Reading Visiting Nurse Association. 220 North Fifth Street. Director, Mrs. Anna Barlow. Reading Social Hygiene Committee. Chairman, William McKinney.

Wilkes-Barre: *Luzerne County Social Hygiene Society. 71 North Franklin Street. Executive Secretary, Nellie G. Loftus, R.N.
York Social Hygiene Committee, 29 South Queen Street, York. Acting Chairman, Katherine Devers.
Williamsport: Lycoming County Social Hygiene Committee, Welfare Council. City Hall, Williamsport 8. Secretary, Olin LeBaron.

Rhode Island

See **American Social Hygiene Association** field office serving Rhode Island listed under Massachusetts.
Rhode Island Social Protection Committee. Chairman, Joseph H. Hagan, Administrator of Probation Parole, Department of Social Welfare, Providence County Court House.
†**Rhode Island State Social Hygiene Association.** Secretary, Mary Basso.
Providence Social Protection Committee. Chairman, James J. Cusick, 209 Fountain Street.

South Carolina

See **American Social Hygiene Association** field office serving South Carolina listed under Georgia.
South Carolina Conference of Social Work. 1930 College Street, Columbia. Executive Secretary, Miss Adele J. Minahan. Social Hygiene Committee. Chairman, W. H. McElveen.
Columbia: *Richland County Social Hygiene Association. 1511 Marion Street. Secretary, Mrs. Jules Bank, 1704 Pinewood Drive.
***Spartanburg Health Council,** 537 Palmetto Street, Spartanburg. **Social Hygiene Committee.** Co-Chairman, Dr. Rosamond R. Wimberly.
Florence: Social Hygiene Committee of the Archibald Rutledge Literary Club. 403 South Winton Street. President, Mrs. Jack Parrish.
Greenville Council of Social Agencies, Health Commission. Greenville Hospital. Chairman, Miss Isadora Poe.

South Dakota

See **American Social Hygiene Association** field office serving South Dakota listed under Nebraska.

Tennessee

See **American Social Hygiene Association** field office serving Tennessee listed under Georgia.
Chattanooga-Hamilton County Health Council. Chamber of Commerce Building, Chattanooga. Executive Secretary, Miss Thankful Everett.

Texas

American Social Hygiene Association Field Office, serving Arkansas, Louisiana, New Mexico, Oklahoma and Texas. Field Representative in Charge, John K. Williams, 315 Construction Building, Dallas.
Abilene VD Control Coordinating Committee. Chairman, Dr. R. B. Kirkpatrick, County Health Officer.
†**Amarillo Social Protection Committee.** Chairman, Joe Jenkins, Mayor.
Big Spring: Social Protection Committee. Chairman, B. J. McDaniel, City Manager.
Corpus Christi: VD Control Committee. Chairman, Roy L. Self, Mayor, City Hall.
Dallas: VD Control Committee. Chairman, J. M. Dowis, M.D., Director, City Health Department.
El Paso: VD Control Committee. Chairman, Maurice R. Vinikoff, M.D., Chief, VD Control Division, City-County Health Unit.
Fort Worth: VD Control Committee. Chairman, H. M. Williams, M.D., Director, Department of Public Health and Welfare.
Galveston: VD Committee. Chairman, Chauncey D. Leake, M.D., Dean, University of Texas School of Medicine.
Houston: VD Control Committee. Chairman, John N. Edy, City Manager.

- San Antonio Area VD Control Committee.** Chairman, Lewis C. Robbins, M.D., Director, City Health Department.
- Wichita Falls Social Hygiene Society.** Chairman pro tem, Miss Arnie Smith.
- Wichita Health Unit.** 602 Broad Street, Wichita Falls. Director, William P. Scarlett, M.D.
- Wichita Falls Social Protection Committee.** Chairman, J. A. Giddings, Jr., City Manager.

Utah

- American Social Hygiene Association Field Office,** serving Arizona, Idaho, Montana, Nevada, Utah, California, Oregon and Washington. 202 Ness Building, Salt Lake City 1.
- *Utah Social Hygiene Association.** 202 Ness Building, 28 West Second South Street. Acting Executive Secretary, Robert R. Dansie.
- Ogden Army-City Social Protection Committee.** Chairman, Commissioner of Health William Wood, City and County Building.
- Ogden: Weber Health Association.** 550 25th Street. Secretary-Treasurer, Dr. O. Whitney Young.
- Salt Lake City City-County Social Protection Committee.** Chairman, Commissioner of Safety L. C. Romney, City and County Building.
- Tooele City and County Social Protection Committee.** Chairman, Mayor N. Howard Jensen, City Hall.

Vermont

- See **American Social Hygiene Association** field office serving Vermont listed under Massachusetts.
- Brattleboro Social Hygiene Committee.** Chairman, Donald B. Hoyt.

Virginia

- See **American Social Hygiene Association** field office serving Virginia listed under Maryland.
- *Virginia Social Hygiene Council.** 16½ North Ninth Street, Richmond 19. Secretary-Treasurer, Abner Robertson, D.D.
- Alexandria Council of Social Agencies.** 110 North St. Asaph Street. Executive Secretary, Miss Anne H. Monroe; Chairman, Health Committee, Dr. T. M. McKee.
- Arlington: *Social Hygiene Board of Arlington County.** 1800 N. Edison Street. Executive Secretary, Mrs. Elizabeth Earle.
- *Danville-Pittsylvania Social Hygiene Society.** Secretary, Miss Maxine Beeston, c/o Danville Department of Health.
- *Norfolk Venereal Disease Control Committee.** 402 Bankers Trust Building, Norfolk 10. Secretary, James A. Anderson; Chairman, Alex H. Bell.

Washington

- See **American Social Hygiene Association** field office serving Washington listed under Utah.
- *Washington State Social Hygiene Association.** 6147 Arcade Building, Seattle 1. Executive Secretary, Honoria Hughes.
- Seattle Committee on Service to Arrested Girls.** Secretary, Campbell C. Murphy, c/o Council of Social Agencies, 400 Ranke Building.
- Seattle-King County Social Hygiene Society.** 6147 Arcade Building, Seattle 1. Executive Secretary, Honoria Hughes.
- Spokane Redirection Committee.** Chairman, Miss Verna Sutton, c/o Spokane County Welfare Federation, 415 Empire State Building, Spokane 8.
- *Tacoma and Pierce County Public Health Council.** 409 Provident Building, Tacoma 7. Chairman, Mrs. T. H. Duerfeldt.
- Tacoma: Citizens Advisory Committee on VD Control.** Chairman, J. C. Haley, c/o Brown and Haley, Confectioners.

West Virginia

- See **American Social Hygiene Association** field office serving West Virginia listed under Maryland.

Wisconsin

See American Social Hygiene Association field office serving Wisconsin listed under Illinois.

LaCrosse Social Protection Committee. Chairman, Mayor J. J. Verchotta.
Racine Committee on Postwar Planning, Sub-committee on Social Protection. Chairman, Stephen J. Schneider, c/o Social Security Board.

Wyoming

See American Social Hygiene Association field office serving Wyoming listed under Nebraska.

†**Casper Civilian-Army Coordinating Committee.** Chairman, Conrad Jacobson, Chamber of Commerce.

Cheyenne Social Protection Committee. Chairman, John Schaedel, Department of Welfare.

U. S. Island Possessions**Hawaii**

Social Protection Committee, Council of Social Agencies of Honolulu. Chairman, Edward J. Burns, 235 Bethel Street, Honolulu.

Puerto Rico

American Social Hygiene Association Field Office, serving Puerto Rico. P. O. Box 4101, San Juan.

***Puerto Rico Committee on Social Protection.** Department of Health, Santurce.
Caguas Social Hygiene Committee. c/o Fuentes Fluviales, Caguas. Chairman, Rafael Correa Torres.

Ponce Social Hygiene Committee. Chairman, Fernando Usera.

Mayaguez Social Hygiene Committee. Chairman, Carlos Suarez.

Virgin Islands

***Social Protection Committee of the Office of Civilian Defense.** St. Thomas, Virgin Islands. Chairman, Morris F. de Castro.

“I am convinced that the best guarantee that wartime social hygiene gains will be held in the peacetime future, and that steady progress will be made towards social hygiene objectives is in the organization of citizen groups in every community in the country, to back this vital program.”

THOMAS PARRAN

Surgeon General, U. S. Public Health Service

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, Committee on Inter-American Cooperation

The Other American Republics Celebrate Anti-Venereal Day.—As for some ten years past, the twenty South and Central American countries which with the United States make up the Pan American group, this year set aside the month of September in which to emphasize the campaign against syphilis and gonorrhea. In most of the republics the observance begins early in the month, sponsored by official Ministries of Health and voluntary social hygiene societies, and takes the form of mass meetings, conferences of professional workers, newspaper publicity, motion picture showings and other usual methods of public education.

To signalize 1945's Anti-Venereal Day, Dr. Ray Lyman Wilbur, as Chairman of the ASHA Committee on Inter-American Cooperation, sent the following letter to health ministers and voluntary society heads:

Dear Doctor —————

"The Annual celebration of Anti-Venereal Day we learn will take place this year in the other American republics during the month of September, and I am writing on behalf of the Association's Officers and Board of Directors to extend our cordial greetings on this occasion.

"In spite of the amazing advances of medical science in new methods of diagnosing and treating the venereal diseases, these infections continue to be among the most serious health enemies which the medical profession, the public health officials and the people themselves have to fight. It is more than ever important today that everybody should know the facts about these diseases and how they may be kept from spreading among the population and doing great damage. Events like Anti-Venereal Day and Social Hygiene Day, observed in the United States each year in February, are times both for rejoicing that so much progress has been made and for dedicating ourselves to fresh efforts to safeguard our homes and families, and especially our young people, from such dangers.

"As we have marched and worked together through the perils and difficulties of the war years, let us go forward now united more strongly and firmly than ever before to preserve the health and welfare of American peoples in a world at peace.

"With all good wishes, and with continued assurance of the Association's interest and desire to be of any help within our power in this endeavor, I am,

Faithfully yours,

RAY LYMAN WILBUR, M.D.

*President, and Chairman Committee on Inter-American
Cooperation, American Social Hygiene Association*

Among the observances of which the Association received advance information was one arranged by the Liga Argentina de Profilaxis Social, of Buenos Aires, which announced that the 11th annual celebration of Anti-Venereal Day would occur on September 3, with a public meeting at the National Theatre. A letter from Dr. Alfredo

Fernandez Verano and Dr. Armando Ascheri, president and secretary of the Liga, to Dr. Walter Clarke, ASHA Executive Director, invited the Association to send a delegate to this meeting. In lieu of personal participation, which was naturally impossible because of travel limitations and pressure of other assignments, it is hoped that the JOURNAL may be able to bring readers glimpses of this and similar events in other Latin-American countries.

The Liga Argentina, incidentally, with the watchword "it is better to prevent than to cure," has worked continuously since 1921 to protect the people from the venereal diseases. Headquarters are at Corrientes 980, Buenos Aires.

Central-America Plans First Conference on Venereal Diseases.—A letter to Dr. William F. Snow, Chairman, ASHA Executive Committee, from Dr. Jose Amador Guevara, Director of Venereal Disease Control for the Costa Rican Ministry of Health, announces the formation of a Central American Committee to arrange for a Conference on Venereal Diseases. This Committee, appointed in accordance with a resolution offered by Dr. Jose Amador Guevara on behalf of the Rotary Club of San Jose, Costa Rica,* at the Thirteenth Annual Conference of Rotary International, 42nd District, held in Managua, Nicaragua, April 27 to 30, 1945, includes:

Dr. Jose Amador Guevara

Chairman, and representing the Republic of Costa Rica

Dr. Eduardo Barrientos, representing the Republic of El Salvador

Dr. Jose R. Duron, representing the Republic of Honduras

Dr. Alejandro Palomo, representing the Republic of Guatemala

Dr. Arturo Tapia, representing the Republic of Panama

Dr. Rafael Urtecho, representing the Republic of Nicaragua

Following the adoption of the resolution and appointment of the Committee, letters were addressed by the General Secretary of Rotary, Constantine Wagui, to the Presidents of the Republics participating, and to the Rotary District Governors. Letters from the Committee chairman to committee members suggested that regional committees be formed in each republic, to include physicians and public health officials.

A later communication, in response to Dr. Wilbur's letter concerning Anti-Venereal Day, states that the Central American Conference is now being planned for February, 1946, in Panama City.

Dr. Jose Amador Guevara may be addressed at Apartado 1832, San Jose, Costa Rica.

* The Liga Social Antivenerea of Costa Rica had its beginning as a Committee of the San Jose Rotary Club, in 1943.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association.

POSTWAR PROSPECTS ON THE INDUSTRIAL FRONT

At this time, when all thoughts turn naturally towards things to come, it seems fitting that this column should climb out on an already crowded limb to deliver a few prophetic words re the outlook for social hygiene programs among industrial workers.

Any such predictions for the future must, of course, base themselves on a consideration of the prospects which lie ahead for industry, and for that matter, for our national economy. In trying to discover the possible direction of health activities in industry on the basis of discussions now in progress on reconversion, employment, and production trends, it is well to keep in mind a few facts about the men and women who are concerned with these generalizations in concrete terms of jobs, security, and better health protection.

LET'S LOOK AT THE RECORD

By-passing propaganda and turning to figures and facts, the war-time record of our 30 million industrial workers compares favorably with that of our fighting forces. Total war casualties among our armed forces were 1,070,730, of which 258,854 were killed. For the years 1942, '43, and '44 industrial injuries amounted to approximately 7,000,000, with more than 50,000 killed. A comparison of labor and military AWOL records during the war discloses further surprises. In a study reported in the United States Naval Institute proceedings of July, 1944, Vice Admiral J. K. Taussig wrote that 35,000 men, or over 1.1 per cent of the Navy, Marine Corps, and Coast Guard are either absent without leave or absent over leave at all times. War-time absenteeism in industry, due to strikes, has been recorded by the United States Department of Labor as approximately one-tenth of one per cent of the available working time. The wartime achievements of labor have been often attested to by Generals Eisenhower and MacArthur, Admirals King and Woodward, Field Marshal Sir Bernard L. Montgomery, Secretary of the Treasury Henry Morgenthau and other government spokesmen.

But labor's contribution to the war effort was made at a price beyond statistical casualties. As our fighting men are returning home with tensions due to fatigue, emotional let-down, and the over-shadowing question of what will come next, so our industrial army finds itself with similar tensions and fears. The gruelling routine of long hours and seven-day working weeks carried on over a period of years has left its mark on the men and women "behind the lines" who supplied the needs of the fighting fronts. The veteran and the industrial worker both face a period of reconversion.

RECONVERSION HEADACHES

The period just ahead is bound to be a disturbed time, one of readjustment, uncertainty, and perhaps of widespread unemployment. It will be a time when conflicting opinions must be reconciled, a time of hard bargaining, of strikes and lockouts. It will be a time when VD rates among industrial workers can be expected to rise, when attempts will be made to exploit women workers no longer employed by drawing them into the prostitution racket as recruits to supply the demand created by the exploitation of men. To what extent these social evils develop will depend, to a substantial degree, on the effectiveness with which the official and voluntary social hygiene agencies can impress their message on industry. This task is not as hopeless as it might appear; certainly the prospects for success are better than at the end of World War I.

For the next year labor's major concern naturally will be with the fight for economic security. This struggle for jobs and for the maintenance of labor's organized strength will consume the energies and tax the wisdom and tolerance of both labor and management. It will be rough going, but we can assume that reconversion and full production will be achieved, and can be confident that the American standard of living under collective bargaining will be reaffirmed.

During these tumultuous months ahead the educational and control fronts against the venereal diseases and related community conditions need not be abandoned. It is perhaps too much to expect industrial groups to adopt elaborate programs, but simple and direct methods for bringing elementary facts to these groups should certainly meet with success.

ROOM FOR HEALTH TOO

It is true that the first concern of the men and women of labor, as of their brothers and sisters returning from the services, is for jobs and security. Yet, after their wartime experiences, neither group is overlooking the importance of adequate health protection. Our veterans are returning to civilian life with new health standards; they return free from venereal infection and with a knowledge of how to remain so. Having experienced good medical care in the army they want it to continue at home.

Labor, too, has learned a great deal about health during the war years. As never before, war workers in industry were exposed to educational material, health plans and diagnostic and treatment facilities, from the official and voluntary agencies, from management and from their own unions. An increasing number of labor-management contracts are being signed which include health insurance benefits. The Community and Health Services of the National CIO and AFL War Relief Committees have grown into nationwide networks with both organizations planning immediate expansion of these services. It is safe to say that labor, while pressing for its basic demands, will not overlook its health needs.

So this column hereby predicts that during the national reconversion crisis industrial workers can be enlisted for down-to-earth, uncomplicated and inexpensive programs against VD.

PROSPERITY AHEAD

After reconversion, we make bold to say, will come prosperity—prosperity with a capital P. The wheels of industry are already humming to produce all manner of consumer goods from kelvinators to kiddie-cars. The hunger for things here and abroad must be satisfied. We leave it to the economists to name the length of time it will take to fill the unfilled orders, to build up the depleted stock-piles. Maybe the good going will continue through 1949, perhaps through '50. What will happen then is again outside our scope. Perhaps if the planning is right and the wisdom and tolerance are potent enough we may achieve a stabilized national economy. Otherwise no expert is needed to predict the deluge.

However, during the years of grace just ahead, health and welfare activities will be high on the agenda. There will be, we venture, a health band wagon on which industry and the public will be eager to climb. All aspects of the social hygiene program can, will, and must be pushed to the full.

But we leave that to the future. Our job now is to develop a practicable down-to-earth VD sector in the social hygiene program for industry today. This program will be outlined in the next number of the JOURNAL.

YOUTH NOTES

WOMEN'S CLUBS FORGE AHEAD WITH YOUTH PROGRAM

"America can well be proud of the record of heroism and self-sacrifice of our young people during the tragic and tense war years. Both on the battlefield and on the home front these young folks have made a grand showing. Those who have fallen by the wayside are an indication of the shortcomings of their elders, and their difficulties should be guideposts for the future. Youth when called upon gave of itself unstintingly. Let us now not fail them. . . . The nation needs an over-all program for youth conservation, as has been attested to wherever we have gone, by educators, by public authorities, by civic leaders, by other voluntary organizations, and by the agencies which serve youth. . . . The challenge before us is not that which comes from some single emotional upsurge, but is rather that of a monumental long-term educational task. . . ."

With these words in the September *Clubwoman* Judge Anna M. Kross, Chairman of the Youth Conservation Committee, General Federation of Women's Clubs, concludes a progress

report, *Giving Youth a Chance*, on the Committee's program as announced early this year by Mrs. LaFell Dickinson, GFWC President. (See JOURNAL OF SOCIAL HYGIENE, May, 1945, p. 308.)

Moving forward rapidly in the program designed by the Committee's Planning Board, "to reach into every community" State Federations have appointed Youth Conservation Committees, and Judge Kross briefs an impressive collection of reports on club work with and for young people, including New Jersey, Wyoming, West Virginia, Washington, Texas, Rhode Island, Pennsylvania, Oregon, Montana, North Carolina, Kansas and Vermont.

A National Advisory Board is being formed to consult on the youth program with the Planning Board and the national Committee members. Among the interested and distinguished persons accepting membership on this Advisory Board are:

Mrs. Winthrop Aldrich, New York; Hon. Ellis Arnall, Atlanta; Mrs. Sidney C. Borg, New York; Harry A. Bullis, Minneapolis; William L. Cheney, New York; Norman Corwin, Hollywood; Hon. Emily Taft Douglas, Chicago; Hon. J. William Fulbright, Fayette-

ville, Arkansas; Clinton S. Golden, Pittsburgh; Frank Graham, Chapel Hill, North Carolina; William Green, Washington; Fannie Hurst, New York; Mrs. Oswald Lord, New York; Robert L. Lund, St. Louis; Larry McPhail, New York; Bishop G. Bromley Oxnam, New York; Henry Monsky, Omaha; Philip Murray, Washington; Hon. Claude Pepper, Tallahassee, Florida; Walter Reuther, Detroit; Mrs. Eleanor Roosevelt, Hyde Park, New York; Mrs. Anna M. Rosenberg, New York; Hon. Leverett Saltonstall, Boston; Hon. G. Howland Shaw, Washington; Dr. George D. Stoddard, Urbana, Illinois; Rex Stout, New York; Dorothy Thompson, New York; Matthew Woll, New York; Mrs. Chase Going Woodhouse, New London, Connecticut.

Judge Kross suggested that Federation presidents and Youth Conservation chairmen ask themselves the following questions, which social hygiene groups might also well use for purposes of self-catechism:

1. Has your State Federation developed a Youth Conservation program for your state? If not, find out why.
2. Have you communicated with your State Youth Conservation chairman?
3. Have you a Youth Conservation chairman in your club?
4. Have you a Youth Conservation chairman in your Junior club?
5. Have you set machinery in motion for your local inventory on Youth Conservation? (study Dr. Esther Lloyd-Jones' article in the April issue of *The Clubwoman*).
6. Have you contacted outside organizations having youth programs?
7. Have you contacted youth serving organizations?
8. Have you contacted the conference of social agencies in your community?
9. Have you enlisted the local superintendent of Education, Director of Welfare Department, public officials interested in various phases of youth, Juvenile Court judges, churches, and civic-minded leaders?
10. Have you interested your press, radio and motion picture people?
11. Have you interested the owners of commercial recreation facilities?
12. Have you interested Labor Unions?
13. Most important: Have you given the young people in your community a chance to participate in your plans?

The *Clubwoman* announces that Public Affairs Committee, New York, has recently published a pamphlet describing programs of the Federation and other youth organizations. The title is *Youth and Your Community*. Author

is Alice C. Weitz, *Clubwoman* editor.

Offices of the Youth Conservation Committee are in the Russell Sage Building, 130 East 22nd Street, New York 10.

HEADLINES AND BY-LINES

KENNETH R. MILLER

Director, Public Information Service, American Social Hygiene Association

Social hygiene problems recognize no seasons and no geographical boundaries, as the items appearing in the public press during the summer months testify. From June through September, in addition to news of national, state and local developments, came a steady flow of newspaper reports from overseas, especially from Europe and the Philippines. In general these reports record a rising trend, not only in the incidence of VD, but of prostitution, promiscuity, divorce and other social conflict. But let's have the headlines speak for themselves:

San Francisco (California) News. SAN FRANCISCO FACES "CHAOS" IN TRYING TO CURB VD." Dr. Richard A. Koch, chief of the city's Venereal Disease Division, said that with the lifting of the strict wartime measures which kept the control program "just holding the line for the past four years" the number of cases would no doubt far exceed the 700 a month now being treated, at least until the city settles down to a peacetime status.

Seattle (Washington) Post-Intelligencer. Venereal disease in Seattle took a sharp upturn in July . . . nearly twice as many as reported in June, Dr. Emil E. Palmquist, head of Seattle's health department, reported. "The increase anticipated on the basis of a general relaxation brought on by the end of the war may be here," Dr. Palmquist said. "It may be expected to get worse when the troops return and (men) are given more shore leave."

Hackensack Bergen (New Jersey) Evening Record. (Excerpts from an editorial following a news story carried by scores of dailies.) "Relaxation of control in the first flush of victory is causing a health menace," reports the office of the Army's European Surgeon of Preventive Medicine. During two months following V-E Day 43,732 U. S. soldiers, the equivalent of nearly three full infantry divisions,

have contracted venereal disease in Europe. . . . Thousands of our men who should be on their way home are being held up because they cannot pass the embarkation physical examinations. Far worse is the hurt that may have been done to the splendid health that enabled them to outfight their human enemies, a hurt that may be felt by their families and descendants. . . . It is difficult to assess the blame . . . but that does not temper the tragedy. . . . It is evident that we face a serious postwar danger. The armed forces will do their share to prevent it. We at home should busy ourselves with (the) problem, the standing disgrace of inadequately combatting venereal disease among civilians.

Sacramento (California) Bee. County grand jury indicts four on vice ring charges. . . . *Cleveland (Ohio) Post.* Hotel owner tried on Mann Act charges. . . . *Louisville (Kentucky) Times.* A syndicated report from Oslo, Norway, by Walter T. Ridder, stating that immorality is rife there as in other European countries, says: "In this lowering of social barriers, many American soldiers are, unfortunately, doing their share." . . . Certainly it is a small minority of American soldiers, and they are but a small minority among the disregards of moral laws. The philosophy of "eat, drink and be merry" . . . is born of war and can't be turned off with a mere declaration of war's end."

All of this is food for much thought, especially among those of us on whom falls the responsibility for doing something about the facts and the situations revealed. But there is a bright spot in the dark

picture painted above. By actual measure, more column inches have been devoted to the venereal disease control program and other social hygiene activity to combat these problems than to the problems themselves. Here is a quick roundup.

The **Birmingham, Alabama, blood testing program** was extensively reported throughout the country. Jane Stafford, Science Service Medical Writer, wrote a series of three articles on this program which were widely published. In addition, an illustrated feature article appearing in **Sunday supplements** brought out the general progress in VD case-finding, treatment and education. Through the Birmingham program, as previously described in the **JOURNAL** and the **SOCIAL HYGIENE NEWS**, for the first time in the United States an entire large-city population between the ages of 15 and 50 is being serologically tested for syphilis. About 300,000 tests were given by the Alabama State Health Department, the City Health Department and the U. S. Public Health Service. (Under a state law passed in 1943 all persons are required to submit to blood tests at a time and place determined by the State Health Department.) Facilities for providing immediate penicillin therapy have been made available through the cooperation of the Federal Works Agency and the Army. A large laboratory has also been established with Federal funds.

Manhattan (Kansas) Chronicle says that **Fort Riley** has the lowest venereal disease rate among comparable military installations in the entire United States. Lt. Col. James H. Gordon, (MC), since 1942 VD Control Officer for the Seventh Service Command in which Fort Riley is included, before leaving in August for an assignment in the South Pacific Area, instituted a program there for the training of non-commissioned officers from other camps in the 10-state Command.

Organization of new social hygiene societies, social protection and venereal disease control committees were mentioned too frequently to report here.* And it must be remembered that much news is printed which does not reach ASHA headquarters through our clipping service. Two things seem to be certain: the people want to know what social hygiene does these days, and most of the barriers are down against telling the story.

* See *News from the States and Communities, Social Hygiene Citizen Groups*, page 463 et seq.

Louisville (Kentucky) Courier-Journal reports that as of April, 1945, 55 per cent of the sources of venereal diseases reported by the Armed Forces are being found. . . . **Cleveland (Ohio) Press** has carried numerous stories concerning the city-wide effort to clean up prostitution and pickup activities through a cooperative program by **City Health Department**, the Army and hotel and taproom operators. Dr. Roy L. Kile, VD Control Officer, and other officials, working with the **Cleveland Joint Social Hygiene Committee**, have conducted an intensive campaign throughout the summer. One of the outstanding articles, by Shirley Olsen, describes the technique of contact interview by Chief Investigator Ralph L. Profant. It is unusually good coverage of problems relating to the "khaki-wacky" adolescent girl.

Wilmington (Delaware) Star congratulates the new **Delaware Social Hygiene Association** for bringing the need for educating children for future family responsibility to the attention of the public school authorities. Delos O'Brian, *Star* staff-writer, points out that for two or three decades the American family as an institution has suffered defeats.

The **Hartford (Connecticut) Courant** reports the distribution of washroom stickers as the latest phase of the community education program in that city. A description of pamphlet boxes in barbershops sounds like a good idea, too. . . . The **New York Times** announces that Dr. Charles N. Ford, president of the Mutual Life Insurance Company, is chairman of the 1945 fund-raising campaign of the **Harlem Council on Social Hygiene**.

BOOK REVIEW

VOLUNTARY HEALTH AGENCIES. An Interpretive Study. Selskar M. Gunn and Philip S. Platt, with a foreword by Louis I. Dublin. The Ronald Press. New York. 1945. 365 p. \$3.00.

This report is the outcome of a three-year study launched in 1941 under the auspices of the National Health Council under a grant from the Rockefeller Foundation. The authors were also the field surveyors, both with long experience in health work, and the study was conducted under the general direction of an Executive Committee, headed by Dr. Dublin and including Dr. Reginald M. Atwater, Prof. Ira V. Hiscock, Bleecker Marquette and Emilie Sargent, R.N.; and an Advisory Committee of thirty-one leaders in various fields of health and welfare. In the course of the three-year investigation 55 carefully selected cities and counties were visited, and more than a thousand interviews were had with 712 agencies, official and voluntary, or about three and a half per cent of the nation's 20,000 such organizations. The study is intended for board members, executives and staff members. It strives not only to interpret the present status of voluntary health efforts, but also to point the way to a future which shall see more effective coordination of these efforts, with stronger leadership ahead of them and more money behind them. The goal is a healthier America. The chapter headings indicate the road followed in the study: 1. *The Case Is Stated* (voluntary health agencies, beginnings and growth). 2. *Definitions, Origins and Types* (specific problems and diseases). 3. *Social Values and Functions*. 4. *Where Do the Agencies Lag?* 5. *The Human Factor* (administrative problems). 6. *What the Agencies Can Do to Increase Effectiveness*. 7. *The Democratic Process at Work* (health councils and committees, public participation). 8. *Role of State Organizations*. 9. *Role of National Organizations*. 10. *The Problem at the National Level* (the challenge to unify). 11. *Financing Voluntary*

Health Work. 12. *Professional Organizations*. 13. *The American National Red Cross*. 14. *Volunteers*. 15. *Health Activities of Civic and Welfare Organizations*. 16. *The Future* (a vision of possibilities through unification). Following the concluding statement, an *Appendix* lists agencies visited and studied, gives statistical tables regarding data gathered and provides an eight page *Self Evaluation Schedule for Voluntary Health Agencies*.

In conclusion, while stating that "voluntary health agencies have a proud record of achievement based on courageous pioneering and devotion to special causes" the study suggests "revitalization," with the following recommendations: At the state and local levels: 1. Searching self-analysis, with occasional help of expert counsel, of present goals, activities, functions, methods and relationships. 2. Concentrating on the task of strengthening executive and board leadership. 3. Effecting coordinated health planning. (A health council in each community is suggested, with study and demonstration of state unification.) 4. Simplifying and unifying appeals for public support. 5. Transferring appropriate activities to the official agency, and 6. Recognizing the primary position of leadership of the official agency and exerting influence to strengthen and support such leadership.

At the national level the study recommends, "that the National Health Council be reorganized with a directing board of outstanding citizens, the strongest leadership, adequate service staff and ample funds to effect a wise coordination of the national health agencies and of the voluntary health movement of the country."

Lastly the study recommends "pooling of the present separate competitive and confusing appeals of the voluntary national health agencies into a unified, nationwide campaign (together, perhaps, with the welfare agencies) effective on the local, state and na-

tional levels, along the lines already proved to be acceptable to the American people through the National War Fund in conjunction with the community chests."

As evidence of need for the whole field of health conservation to encourage a balanced budget and program in this respect, the study points out that of the thirty-one and a half million dollars available for health programs in 1945, 30 million were at the disposition of two groups of agencies—the National Tuberculosis Association and the National Foundation for Infantile Paralysis, with their respective state and local affiliates.

As in the case of other health and related fields social hygiene history and program as included in this study will for the most part be familiar to experienced workers, but new recruits may find here trails to fresh exploration, and all may gain a new sense of social hygiene's place and influence in the national scene.

It has been a monumental task to gather the material necessary for this

study. It has been even more difficult to assess and interpret in book form the information collected. The study had an added and tragic burden. Its valued director, Mr. Gunn, died midway in the project. His partner, Dr. Platt, merits a civilian DSM for carrying through with gallantry "above and beyond the call of duty."

The Rockefeller Foundation and the National Health Council deserve the thanks of both official and voluntary agencies for making this study and its publication possible. As Chairman of the Association's Committee on Resolutions, your reviewer knows that the American Social Hygiene Association for many years has voiced the belief that some thoroughly practical plan in this whole field can be developed and applied on a nationwide basis, to the great advantage of the American people.* The opinions of JOURNAL readers regarding their views of the study and its recommendations would be of interest and value to this Committee and to the Association as a whole.

RAY H. EVERETT

** Extract from the minutes of the American Social Hygiene Association's 32nd Annual Meeting, Chicago, Illinois, February 7, 1945:*

"Since the last meeting, the National Health Council's study of Voluntary Health Agencies, made by the late Selskar Gunn and Dr. Philip S. Platt has been completed and is being considered throughout the country. The members of the American Social Hygiene Association and their Board of Directors for many years have done everything possible, in cooperation with other qualified agencies, to promote united action in developing social hygiene programs or special phases of such programs. Encouraging interest is currently being shown in further exploration of such local and state as well as national action leading to maximum efficiency in administration, teamwork and planning for health and welfare of the people. Your Committee, therefore, suggests the extension for the year 1945 of the following resolutions adopted in 1935 and 1936 respectively and reaffirmed for the year 1943:

"RESOLVED: That the members of the Association assembled in regular annual session, after due consideration, do hereby authorize the Board of Directors to proceed with further study of relationships with the National Health Council, its member agencies, and other organizations, and to take such actions as may be deemed advisable in promoting the social hygiene movement through improving these relationships, and, if necessary, by revising the organization and administration of this Association, or by any mergers of its activities with those of the other agencies concerned.

"BE IT FURTHER RESOLVED: That any or all such actions as may be contemplated, including the sale of equipment and securities, reductions or transfers of personnel, and other revision of plans for conducting the work of the Association to the best advantage, be authorized, irrespective of any action by the National Health Council."

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

IN THE PERIODICALS

Of General Interest

- AMERICAN JOURNAL OF NURSING, June 1945. *Peace of Mind at a Bargain* (Accident and sickness insurance and the hospitalization plan of the Harmon Association).
- AMERICAN LIBRARY ASSOCIATION BULLETIN, September 1945. *Preparation for Library Adult Education*, Miriam D. Tompkins, Anne M. Boyd, Sigrid A. Edge.
- AMERICAN MEDICAL ASSOCIATION NEWS, July 19, 1945. *U. S. Physicians Offer New Program for Extension of Health and Medical Care.*
- BULLETIN, Kentucky Department of Health (Louisville), July, 1945. *The Kentucky Treatment Center*, T. E. Hynson, M.D.
- BULLETIN OF THE PAN AMERICAN UNION, August 1945. *Cooperative Educational Program of the Office of Inter-American Affairs*, Kenneth Holland.
- BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, September 1945. *Lecture Outlines for Enlisted Men on Personal Adjustment Problems*, TB MED Series No. 21.
- Lecture Outlines for Officers on Personal Adjustment Problems*, TB MED Series No. 12.
- CALIFORNIA AND WESTERN MEDICINE (San Francisco), May 1945. *The Philosophical Background of Compulsory Health Insurance*, L. S. Goin, M.D.
- CHILD, U. S. Children's Bureau, June 1945. *National Congress of Colored Parents and Teachers Meets with Children's Bureau.*
- HOSPITALS, June 1945. *State-by-State Surveys Promise Rich Reward*, D. C. Smelzer, M.D.
- JOURNAL OF HOME ECONOMICS, September 1945. *Pattern for Attacking a Problem*, Lydia Ann Lynde.
- Where Do We Go from Here?*, Faith M. Williams.
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Industrial Problems

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This Month.—It is a pleasure to present such an array of lively, practical, forward looking accounts of valuable community work in this *First Peacetime Number* of the JOURNAL. . . . As a victory celebration, and with an eye on immediate usefulness to the greatest possible extent, we have made it an outsize issue. . . . The cost remains the same as usual, *35 cents a copy postpaid*. . . . Reprints will be available, some of them in the *Social Hygiene Day* kit, soon to be ready. . . . If you would like a quantity of any special *Community Program* story, please let the ASHA Publications Service know as soon as possible, to insure a sufficient supply.

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National Social Hygiene Day

February 6, 1946

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The National Postwar Program in Action

"STAY STRONG, AMERICA"!

As battle-ranks break, war industries reconvert and the men and women who were their fighting strength come back home, these title words,* a headline writer's summary of Secretary of War Henry L. Stimson's farewell message when he retired from public life on September 19, may well be kept before us as warning and guide for all who value the nation's health and welfare.

Mr. Stimson's record and previous utterances, as well as this one, assure that when he speaks of America's responsibility for influence and leadership among the nations he means influence and leadership concerning the whole broad range of human benefits and problems. In this he is not alone among the country's leaders. Never has been more apparent than now the concern of those in high places both in and outside government that physical fitness and moral integrity must be made and maintained the core of our national strength.

In terms of social hygiene progress, problems and the job ahead, what does this mean? State and community health and welfare officials, social hygiene agencies and workers will have their own answers, springing from the conditions surrounding them and the resources at hand for dealing with these conditions. From the viewpoint of the team of five national agencies—federal Public

* *Washington Post*, September 20, 1945, over a front-page news story by Edward T. Folliard, describing Secretary Stimson's final press conference.

Health Service, Social Protection Division, the Army and Navy, with the American Social Hygiene Association as the national voluntary team-member—which has served as the spearhead in the wartime fight against VD and prostitution, the picture in these first peacetime months, as expressed in the articles which appear in this number of the JOURNAL, looks like this:

Venereal diseases are not yet conquered.

The prostitution interests consider themselves only temporarily out of business.

Promiscuity in sex relations is a menace which is heightened by the rapid pace and confusion of war's ending.

Those who have become entangled in difficulties of this sort are still far from receiving all the attention and help they need in making new starts.

Young people seem more than ever bewildered and in search of guidance and counsel on marriage and family life situations.

These are the problems, as must be apparent to all who have given the situation study. It would be a dark picture indeed, if we had not the means at hand to make it brighter. The bleak facts are set down here with no feeling of discouragement, and with no disparagement of the valorous and vigorous attack so far made. Nor is there any intention of discounting the splendid progress achieved. But we would be living in a fool's paradise indeed if we should fail to realize, though immediate emergent need of conserving manpower health and morale for military victory is past, that there is still a big and important job to do, that the next years will be crucial in social hygiene as in all else in our lives, and that any slackening of effort now may mean the loss of much hardwon ground. By the same token, the fine cooperation, the determination and hard work that have brought us through the health and welfare difficulties of wartime with flying colors, can, if maintained in full force now, both hold the ground gained and drive ahead into new territory for another mighty advance towards the ultimate objective of a people "physically strong, morally straight."

We are better equipped than ever before with the tools to do this job. We have ready at hand medical knowledge and skill, public health efficiency, amazing modern drugs, therapy and techniques; we have the strength of good laws and the power of law enforcement; we have the patience and the heart for redirection of those who have lost their way in life; we have the wisdom and the experience for guiding and training of youth. We know where to turn to find

these tools and skills, and how to teach others to benefit by them. All that is needed for steady progress is to use these resources for all they are worth, and to work on shoulder to shoulder. A long pull, and a strong pull, and a pull all together for the next few years may make it possible really to write "finis" to the chapter on venereal diseases as a national health shadow; to smash the prostitution racket for all time and free its victims for useful service; to give the younger generation a good start toward personal development and marriage and family life based firmly on good health and moral strength.

As the late President Roosevelt said in 1942 when making his historic appeal for "total physical and moral fitness"—"This is one effort in which every man, woman and child can play a part. No one can doubt the objective, or fail to cooperate . . . once he understands. . . ."

Confidence, cooperation and community action are watchwords for the future.

"Stay strong, America!"

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THE WAR AGAINST PROSTITUTION MUST GO ON

A REPORT ON THE CURRENT STATUS OF COMMERCIALIZED PROSTITUTION

Prepared by the Staff of the American Social Hygiene Association

World War II is over. In many communities it is firmly believed by the remnants of the underworld and by some others that the war on prostitution is over too, and that the end of the worst setback ever recorded in the annals of "the business" is in sight.* During the latter part of the limited national emergency proclaimed by the President in 1939 law enforcement officials began to crack down on the racketeers, and from Pearl Harbor on, prostitution interests suffered untold reverses.

Many exploiters and facilitators, for years purveyors of a profitable racket, have succumbed to law enforcement since 1940. In many cities—large and small—almost total elimination of prostitution resorts has resulted. Some diehards from time to time have managed to eke out a mere hand-to-mouth existence by employing various types of so-called sneak methods. A number who have met with defeat did not go down without a fight. They pulled strings in the hope of being able to continue. They claimed they had the "local law" on their side. They used the grapevine to spread rumors, resurrecting the old bogies that professional prostitutes have "the know-how" to take care of themselves, and that rape and seduction of "good girls" by servicemen would result if the resorts were closed.

Some old-timers who weathered World War I felt confident that they would be able to carry on as usual through the recent conflict. Various deals were alleged to be made with local authorities, brothel-keepers faithfully promising to exclude servicemen. However, these optimists lost sight of the fact that the federal government was interested in protecting not only those in the armed forces but also potential soldiers and sailors,—war workers and the civilian populace.

Operators who did not have World War I experience to draw upon apparently did not recognize the handwriting on the wall. When military posts, naval establishments and defense plants began to spring up throughout the nation, their eyes were fixed exclusively on the opportunity for swollen profits. Confidently believing that a greatly expanded business would be a fitting reward for the losses suffered during the economic depression, they quickly acted to get their share. Both during and after the construction of army camps and bases, brothels in many nearby communities prepared for a boom.

* As this article goes to press, it was announced in several Nevada cities that legislation has been passed legalizing commercialized prostitution within certain areas.

Additional inmates were taken on. Loosely-run hotels, which often included the best in town, were the stamping grounds for resident prostitutes and "call girls." Bellboys, porters and other employees "peddled women" openly.* Along various highways a mushroom-like growth of honky tonks, juke joints and houses of prostitution appeared. Hordes of exploiters and "hustlers" went scurrying about looking for new locations. Up and down the Atlantic and Pacific Coasts, and cross-country they hurried in search of so-called "good spots." When they found them, night-hawk cabdrivers helped materially in producing "liners," "johns" or "suckers" as they prefer to call prostitute customers. Along one great arterial highway where a camp was being erected, for distances of 86 miles north and about the same mileage south, nearly every gas station, auto court, and refreshment stand "put in girls" who accommodated trade in rapid succession.

Construction workers spent money with a lavish hand in many of these places and, sometimes when their jobs were finished, prostitutes with whom they had become acquainted followed the men to their next project. Other "hustlers" preferred to remain behind, anticipating arrival of the soldiers for whom the camps were built, when business could be expected to pick up again.

After the GI's arrived at the camps prostitution activity reached such proportions in some nearby communities that it was not unusual to see long lines of men in uniform waiting to gain admission to the resorts. Some restlessly pushed and shoved to crash the gates. Others waited patiently as would a line in front of a ticket office at a movie or baseball game.

In one southern community near a large infantry camp, resort after resort did business of land-office proportions. The exploiters, firmly established there for quite a while previously, scoffed at military attempts to curb their activities. "Off-limits" threats were of no avail. Local authorities backed underworld interests, and it was freely stated that the racket would continue there with or without uniformed trade.

Such defiances were not infrequent in the beginning. In many communities much the same local attitude prevailed. Drastic action had to be taken. Experience gained from World War I pointed the way. Important events followed in rapid succession.

The Fight Begins

Conferences between Army, Navy, Public Health Service and the American Social Hygiene Association resulted in the adoption of an

* When "rooming" male guests—servicemen as well as civilians—these employees seldom neglected to ask, "Anything else? . . . If you want anything call number —." When given an inkling that a prostitute was desired, such facilitators lauded their "private stock." If a guest stated he would summon the go-between later, and failed to do so, almost invariably he would receive a telephone call from the go-between who would say, "That merchandise is here. . . . Shall I send it up?"

"eight point agreement", which was accepted at a Conference of State and Territorial Health Officers held in Washington in May, 1940. This agreement provided the basis for developing official and voluntary measures for the control of venereal diseases and the repression of prostitution in areas where armed forces or national defense employees were concentrated. The American Social Hygiene Association was called upon particularly to expand its investigation services to furnish facts concerning commercialized prostitution and allied conditions to all such communities, and to help stimulate public support for remedial action.

In March, 1941, the Social Protection Section of the Office of Defense Health and Welfare Services, Office of Emergency Management was established. Patterned along the lines of this field of activities carried on by the Commission on Training Camp Activities of World War I, the Section, which later became a Division of the Office of Community War Services, operating under the Federal Security Agency, was to plan and promote programs that would be accepted and executed by the states and communities, for the repression of prostitution, protection of young people and readjustment of apprehended prostitutes.

In July, 1941, Public Law No. 163, "The May Act," sponsored by the Honorable Andrew J. May, Member of Congress from Kentucky and Chairman of the House of Representatives Committee on Military Affairs, was passed by the Congress and approved by President Roosevelt. It was entitled

An Act to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health and welfare of the Army and/or Navy.

The attendant publicity given to the passage of the Act created havoc in the prostitution underworld, which read into the law features which are not there. Even the so-called "big shots" of the prostitution business did not realize that the May Act was applicable only in such areas as designated by the Secretaries of War and/or Navy.

Like the threat of the atomic bomb, the knowledge that such a law existed caused many prostitution characters to forsake their haunts. Others, believing that exclusion of men in uniform from their resorts would solve their problems, served only civilians. However, on all sides the exploiters imagined G-Men on their trails. The invoking of this Act in 27 counties of Tennessee and in 12 counties of North Carolina, at the request or with the consent of the Governors of these states, demonstrated its value as a reserve weapon for prompt use when necessary, and fear of its invocation proved decidedly effective in whipping into line many underworld characters. Existence of the Act also encouraged many local police authorities to enforce their own laws.

In carrying out the program drawn up under the "eight-point agreement," much spade work had to be done. First, it was necessary to examine conditions in hundreds of communities all over the coun-

try. The conditions found were then reported to Federal, state and local health and in many instances to law enforcement authorities. Public understanding and cooperation had to be secured: it was driven home to the public mind that bad conditions in any community constitute direct and heavy sabotage of the war effort, and that cooperation in cleaning up such conditions is both necessary and patriotic. Finally there was the job of convincing those in the prostitution racket that Uncle Sam was rolling up his sleeves and meant what he said.

As a result of this program, definite improvement in unsatisfactory conditions was evident by the end of 1941, and steady progress has since continued, culminating in the reduction of prostitution activities to an all-time low at the end of the first quarter in 1945, as shown by the chart.

Immediately after VE-Day, however, relaxed law enforcement was discernible in many places. By June 30, 1945 the proportion of communities studied in which bad conditions were found increased from approximately 6 per cent (first quarter) to a little more than 9 per cent, and poor conditions were found increased from about 17 per cent to slightly under 20 per cent.

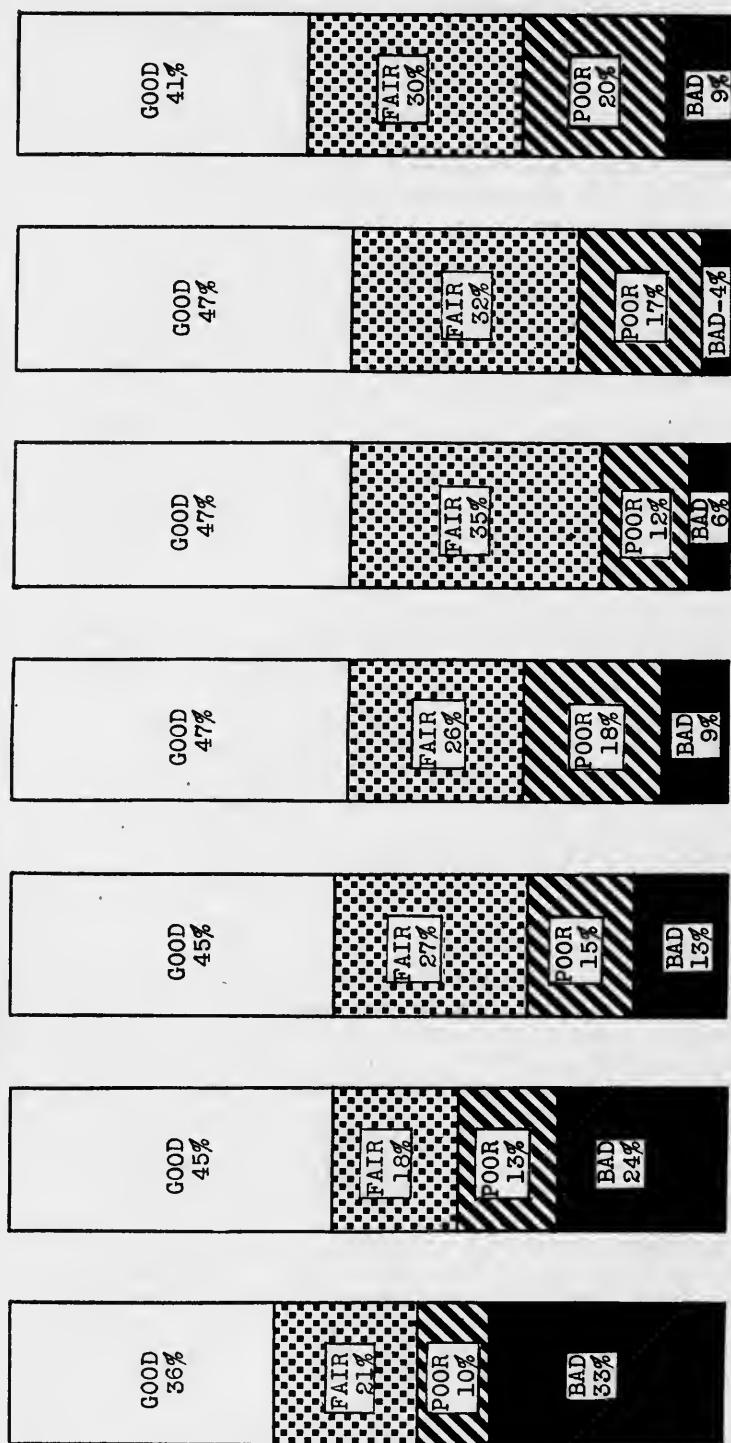
This deterioration in conditions was by no means unexpected. Underworld characters in 91 communities, ranging from below the Mason-Dixon line southward and cross-country to the Pacific Coast long before VE- and VJ-Days predicted that they would be able to stage a comeback. In many, many communities they regarded the clamping on of the lid as "strictly a war measure." Some who claimed to have "the inside track" boasted that wishful thinking was not at all the basis of their contention. They quoted this and that official as sources of their information. Some opined that the reopening would be gradual and estimated it would take at least six months to reach the *status quo ante*. Others maintained: "VJ-Day will see the end of this nonsense."

The prostitution underworld is not alone in its belief as to what will happen during the postwar era. In some places, public opinion backs up the racketeers chiefly because uninformed and ill-advised citizenry in communities where prostitution has flourished, erroneously believe that segregation, periodic venereal disease examinations, mugging and fingerprinting of prostitutes is the only way to control the racket. This theory has been exploded time and again. Segregation has never been known to segregate. No method has been devised thus far to make prostitution safe as far as the venereal diseases are concerned.

Many other aspects of prostitution are also often overlooked, and among the more important is the exploitation angle. Few people realize how a prostitute's earnings are divided. An average situation would be: the resort keeper gets 50 per cent, the pimp 20 per cent, room and board paid in the brothel is 8 per cent, about 2 per cent goes for so-called VD examinations and sundry equipment, thus leav-

PROGRESS IN THE REPRESSION OF COMMERCIALIZED PROSTITUTION

An analysis of a series of 2,008 studies made by the American Social Hygiene Association, January 1, 1940-June 30, 1945, in communities near which members of the armed forces are stationed



NOTE: In arriving at an opinion as to whether conditions in a given community should be classified as "good," "fair," "poor," or "bad," a number of closely related factors had to be taken into consideration. Briefly these are: (1) size of the community; (2) actual amount of prostitution activity found at time of survey; (3) accessibility of prostitutes, whether hard or easy to find. These factors are considered together to provide the basis for classification.

ing to the prostitute scarcely 20 per cent of her dollar, when she can get it.

Another important angle often lost sight of relates to the degrading effects of sexual perversion which has grown by leaps and bounds within the last three decades. Prostitution exploiters claim that the great majority of prostitute customers now demand perversions. Trade requirements have to be fulfilled, and consequently there is no room for "hustlers" who are not perverts. Resort keepers point out that, while in past years "straight girls" predominated, and those who practiced perversion were shunned, today "a straight girl can't make a living."

Some people likewise seem to forget that a large percentage of men called for military service were found unfit because of a venereal disease and that military rates are rising. Evidently these citizens missed reading the following item which recently appeared in the public press—

"Relaxation of control in the first flush of victory is causing a health menace, reports the office of the European Surgeon of Preventive Medicine. During two months following V.E. Day, 43,752 United States soldiers, the equivalent of nearly three full infantry divisions, have contracted venereal diseases on the Continent."

It should be understood, of course, that in many progressive cities a return to the old order of things is not expected, either by the remnants of those in the racket or by the community's citizenry. For example, the mayor of a southwestern city, not far removed from a permanent military post, and where, before the war, vice was flagrant, endorses the postwar social hygiene program and strategy and maintains:

"Our Police Department, through its Vice Squad, has been doing most effective work in curbing prostitution in this vicinity, and our efforts have received commendation from the military authorities. The City will continue its efforts in this direction now that peace has come."

In other communities nearby municipal authorities showed no inclination to repress commercialized prostitution during the war until two rather melodramatic incidents took place. The words of notorious exploiters in each place describe the events that brought about the racket's undoing. (It, however, can be seen that the prostitution underworld still regards the closing of resorts as temporary.) One prostitution operator said:

"There was some trouble in one place and most joints have been closed.

"Some guy in a band brought a young girl to town. . . . Put her in to hustle. . . . She evidently didn't know that houses keep part of what the girls make. . . . She worked one day. . . . Collected and turned in \$40.00. . . . When she got ready to leave she was handed \$20.00. . . . She kicked. . . . Got nowhere. . . . Then she went to police headquarters, explained how she got gypped. . . . They asked her how old she was. . . . She told them 14 and then the fireworks started.

"Well, that place was closed and so were all the other places in town, except two.

"The girl was sent to reform school. . . . They never got her pimp musician. . . . Other joints had to close on account of her."

In a second community it was learned:

"On July 21st a car was parked in front of ——'s place. . . . Occupants were one of the prostitutes working in the place and a 'boy friend.' . . . Another car drove up, a man got out, walked over to the parked car and shot boy friend. . . . The next night, July 22nd, a man believed to be the same one returned and with a shotgun fired from the front window of a car. . . . Killed the prostitute that was with the man who was shot the night before.

"The result is the law made us all close. . . . We have no girls right now. . . . Had to get rid of our women just about a month ago. . . . We have been expecting word every day from the police that we might have the girls back. . . . Hope we get the signal Saturday."

In those cities where commercialized prostitution is showing or anticipating an upward trend, exploiters are not especially worried about getting recruits. They believe they have two prodigious sources to tap. Confidence was expressed first that most of the many girls who deserted the prostitution ranks "when the racket got tough" will be clamoring for locations, and that many girls who did war work or took other jobs because they tired of "ducking the law," will return to the "business" they know best when reconversion and cutbacks throw them out of their current employment. Also many "amateurs," who were "so good to the boys," will become the regular "hustlers" of tomorrow. Because they, too, are bound to feel "the pinch of the times," they will be easy to recruit as prostitutes.

During recent investigations some "chippies" were found who had already begun to realize that their favors formerly bestowed "for free" have a commercial value. Some former "hustlers," too, were discovered to have rejoined the prostitution ranks.

It can be expected, according to those who know the prostitution racket, that exploiters and facilitators will use every method at their disposal to further their business. They will no doubt claim with vehemence that "chippies" have been the chief source of venereal infections, that servicemen would not have sought "free stuff" nor have become infected if professional prostitution had not been harassed by law enforcement authorities. They will try to point out that before the war there were not as many "chippies."

No one knows, of course, how many there were then, or during the war. Many people were led to believe that the number of "chippies" was greater during the war chiefly because servicemen were seen to pick up girls in taverns, along the streets and in other public places. But any soldier or sailor will testify that such informal meetings often did not result in sexual relationships. The prostitution underworld, since time immemorial, has used the "chippie" argument in whatever way best served its purpose. Prior to and during World War I it labeled sexually-promiscuous women and girls who asked for no remuneration "charity" girls. When the

economic depression set in and prostitution interests felt a falling off in business, competition of the "charity" girls was responsible.

* * * * *

As Abraham Flexner pointed out years ago in his study, *Prostitution in Europe*—

"Prostitution is . . . a modifiable phenomenon. . . . If prostitution and its evils can by social arrangements be increased they can also by social arrangements be lessened. If unhampered exploitation and prominence make matters worse, then interference with exploitation and prominence makes matters better."

One point the war has proved is that strict law enforcement is one of the most vital weapons with which to reduce prostitution and to aid the venereal disease prevention program. If it can be done once it can be done always. It is up to the local authorities and state and federal official and voluntary agencies to see that such law enforcement efforts as were necessary to accomplish this desirable result during the war period are exercised during peacetime.

"Along with victory in war, tremendous gains have been made in the control of venereal disease and the prevention and repression of prostitution and related activities. Millions of young men have been kept disease-free to fight for the freedom of our country. Now, as they return, they have the right to demand the kind of communities in which they and their families can live decently. It is our responsibility to do all that is humanly within our power to assure those conditions permanently in communities throughout America."

WILLIAM F. SNOW, M.D.

*Chairman of the Executive Committee,
American Social Hygiene Association*

OUR STRENGTH IS IN UNITED ACTION

A REPORT ON PROGRESS IN SOCIAL PROTECTION IN THE STATES AND COMMUNITIES WITH SUGGESTIONS FOR MORE EFFECTIVE COOPERATION AMONG AGENCIES CONCERNED

THOMAS DEVINE

Director, Social Protection Division, Office of Community War Services, Federal Security Agency

We have reached a milestone on the road toward eliminating prostitution, promiscuity, and venereal disease. Much has been accomplished. Much remains to be done. The war motive, which has given us a strong drive and single objective, is dwindling. The peace drive is yet to be shaped. Shall we lose what we have gained, or can we preserve the gains and move on from where the end of the war found us to permanent and enduring goals?

What situations do we face?

How can we meet them?

Let's look quickly at some of the things we have learned during the war years. We know more about the whole tangled web of prostitution and the venereal diseases which breed in it. We have more weapons in our hands, thanks to medical science, with which to cure the physical ills of gonorrhea and syphilis. We have made big gains in the field of law enforcement. We have gone ahead in the realm of self-policing by business interests. We have made at least some progress in our knowledge of the prostitutes and the conditions which create prostitution. We have, above all, learned better than ever before how to bring together the interested forces in the community for a concerted attack upon the problems of social protection.

The score, however, doesn't add up. We have forged much stronger weapons in the medical and the law enforcement fields than in the social field. We are still lagging in our knowledge of those conditions that create the prostitute and her trade, and in our ability to mobilize social action.

The newly developed medical weapons against venereal disease may make our work in some ways more difficult. The "repeater" at the clinic is becoming more and more of a problem as knowledge about the new cures spreads. Medical authorities are becoming increasingly aware of the fact that we must work more with the people who spread venereal disease than with the disease itself. Venereal disease, after all, is often merely a symptom of deeper,

* An address delivered at the Fourth Regional Conference on Social Protection held at the Sherman Hotel, Chicago, Illinois, October 26-27, 1945.

psychological and social ills. It is an indication of the wide gap existing between our expressed social code and our actual social mores. The signs point to a need for greater knowledge about individual behavior.

Another thing that we face is the fact that the Army and Navy will have less important roles in the social protection program. The Services have stated that they will continue to express interest in and desire for community action designed to reduce the health hazards confronting troops passing through towns or stationed nearby. However, they have stated also that their support obviously among the armed forces will not have the strength it formerly had. The high overseas and furlough rates are an indication of a probable rise in venereal disease rates among civilians during the postwar period.

Let us not be too complacent about the fact that red-light districts have been wiped out since 1940 in over 700 communities in the United States and that many vice rings have been broken up. Reports are coming in to my office that many of the former houses of prostitution are opening or threatening to reopen. One community official wrote in and asked if the wartime restrictions against prostitution could be lifted now, or if he should wait the required ninety days after the day of the official surrender. If the town allowed prostitution again, he queried, did that mean that the soldiers and sailors could not come home? That is an indication of the confusing thinking regarding the repression program.

Those are the situations we face.

How can we meet them? The answer lies in community action.

Ever since I came into the Social Protection Division as Director in February 1945, I have been looking around for a satisfactory definition of "social protection." After consultation with my staff and members of the National Venereal Disease Committee, this definition was submitted:

"Federal social protection activity consists of services to States and their political subdivisions in support of community action essential to prevent prostitution, eliminate conditions contributing to sex delinquency, and to provide services for the rehabilitation of sex delinquents."

You will note that the new definition shifts the emphasis from preventing prostitution in order to control venereal diseases, to preventing prostitution *per se*. There is a growing consciousness of the fact that the mental hygiene aspects of prostitution are of even greater importance than the venereal disease aspects. Preventing prostitution means not only repression but correction of the conditions which lead to promiscuity and prostitution. The victims of prostitution include the male customers as well as the girls who are exploited.

During the war, the Social Protection Division as one of the team operating the "eight point agreement" fought prostitution *in order to control venereal diseases* to safeguard the health and welfare of men in the armed services. Now that the war is over, the

Division is still charged with that responsibility until there are no longer any large concentrations of military men in this country. But an additional factor has come into the picture. Community leaders and groups banded together under a variety of names and sponsorships, have discovered that venereal diseases are not the only or most serious problem. The corroding influence of tolerated prostitution in a community, its devastating and disillusioning effect on youth, its corrupting influence on city officials have been increasingly exposed. In many communities prostitution is now recognized by the public as a degrading, money-making racket, attracting to itself the dregs of the underworld who exploit the weak, the underprivileged, the unprotected. Several towns, although they had unusually low VD rates, have recognized other reasons for repressing prostitution and have succeeded in closing the houses because of their effect on youth and the general welfare of the town. We have just fought a world war against special privilege on the one hand and exploitation on the other. Prostitution depends on special privilege and is based on exploitation. The war against it must go on.

Communities have indicated a desire for the continuance of social protection programs after the war emergency has ceased. Law enforcement officials have gone on record asking us to help them keep houses of prostitution closed—and not because of VD alone. One of law enforcement's most valid reasons for supporting the repression program is that prostitution breeds and encourages juvenile delinquency. Police and sheriffs are proud of their progress in preventing juvenile delinquency. They don't want to have their work undermined through the existence of open prostitution in their precincts.

In a country as big and varied as ours, the job of social control is not easy, but it is far from hopeless. The job, however, cannot be done from Washington. It is a series of local jobs, to be handled by communities. These communities can fortify and sustain each other with advice and assistance, when they ask for it and need it, from State health and welfare agencies; from Federal agencies concerned, such as the U. S. Public Health Service or the Social Protection Division; from national voluntary groups like the American Social Hygiene Association and its affiliates.

The postwar picture need not be a gloomy one. In working out our wartime programs, we have found that integrated cooperative action is not only possible, but the *only* way to get things done. We have all arrived at clearer understandings of each other's duties and responsibilities. As one example, take the clearer conception we have gained of the activities of social hygiene and social protection organizations:

A Social Protection Board is primarily an organization of operating officials meeting together for joint planning in a common effort. Because social protection is so largely a public program, it is essential that this planning body be established as an official agency of local government. In keeping with the principle that it is desirable

for citizens to participate with officials in planning and developing community programs, such planning bodies should include in their membership citizens representing such groups as those suggested in the folder, Danger Ahead.

A Social Hygiene Society is primarily an organization of citizens concerned with community education, with the support of effective and adequately administered public services and with the stimulation for the strengthening and improvement of inadequate services. It is essential that such an organization be free of any public or governmental tie-up and able forcibly to express its views without deferring to the sensibilities or desires of a particular official or administration. It is desirable, however, for a Social Hygiene Society to include officials or executives as members in order to bring to the Society technical knowledge and information.

Obviously these two functions supplement rather than conflict with each other. In the long run it would be desirable for any community to have both a Social Protection Board and a Social Hygiene Society, the one for common planning, the other for education, stimulation and support.

There is room in any community for either or both—so long as their activities are integrated toward achieving the same common objective.

One of the outstanding city planners in the country, Mr. Walter Blucher, Director of the American Society of Planning Officials, has frequently made the statement that the main cause of failure in city planning projects is that of not including citizen participation from the beginning of the planning to the actual carrying-out of the projects under consideration. This is one principle of community action which should be stressed to safeguard communities during the postwar period against the expected letdown in measures to repress prostitution and control venereal diseases.

Social protection is concerned with the prevention of prostitution and the readjustment of its victims. It includes the repression of organized prostitution by law enforcement, the discouragement and prevention of and overt promiscuity, cooperation in the case finding and bringing to treatment of the venereally infected, and psychiatric and social treatment of those involved to restore them if possible to a normal way of life. Regardless of the skill of any one agency, this program cannot be effective unless the courts, police, health and welfare agencies work as a unit. It does no good to have police arrest prostitutes and have the courts conduct what amounts to an informal licensing program, through routine fines. It is only by studying each case that the courts can impose sentences based on the needs of the individual, and such sentences can be carried out only if there are available institutions ready and capable of providing therapeutic services. Not only are medical examinations for those arrested in suspicious circumstances important, but the police must be ready to cooperate in locating contacts when proper health

warrants have been issued. These are but a few outstanding examples of the kind of working together required.

The Social Protection staff recently analyzed the degree of cooperation in 247 cities between each of the following agencies: police, adult courts, juvenile courts, health departments, and welfare agencies. The cities selected were all among those which over the past several years have been undertaking to deal with social protection problems. The table which resulted does not present a reassuring picture. Granted the probability of some error, recognizing that these are judgmental opinions of various staff members without detailed study and analysis in each city, granted that "fair" or occasional cooperation may mean more than pleasant social relations on the surface, and rivalry beneath, this is a pretty poor record concerning a vital community problem, the solving of which depends upon complete and carefully planned working relationships between agencies. Every figure in the tabulation should be 100 per cent, and yet in only 61 per cent of the cities was there "good" cooperation between the police and adult court, and cooperation between no other two agencies was reported "good" in even that many cities. In only ten cities were there good relations between all the agencies involved. (See opposite page.)

We all know that such integration is difficult in any group. However, once the trick is learned, all parts of the program fall into their proper places and the over-all community organization is strengthened.

Although added emphasis is needed on the social treatment aspects of our problem, we need to learn how to knit the social agencies dealing with this aspect into the total picture as an integral part of community action.

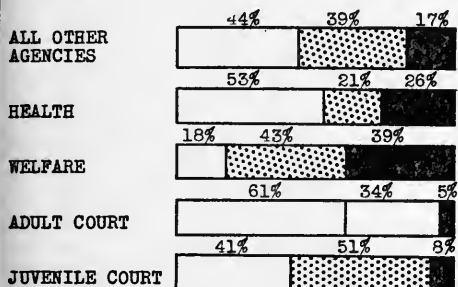
A few scattered experiments in social treatment of prostitutes and sexually delinquent persons have proved that a surprisingly high percentage of them can be redirected and helped to adopt more socially desirable ways of life. But there is much to be done. The Division is preparing a manual on *Techniques of Social Treatment* to supplement the other *Techniques* pamphlets published in the past three years.* But putting the techniques into operating requires concerted effort of those concerned with law enforcement and health and education and social treatment—pulling together as one.

Overzealousness in locating the venereally infected must be avoided. The Social Protection Division statement of policy in this regard is clear: *Important as are the objectives of social protection, neither this nor any other community cause justifies the infringement of civil liberties. Progressive law enforcement and health officials are among the first to decry unwarranted or unreasonable detention as*

* *Techniques of Law Enforcement Against Commercialized Prostitution and Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Delinquency.* Compiled by the National Advisory Police Committee on Social Protection, and approved by the International Association of Chiefs of Police and the National Sheriffs' Association. Available on request to the Social Protection Division, Federal Security Agency, Washington 25, D. C.

EXTENT OF COOPERATION BETWEEN AGENCIES DEALING WITH
SOCIAL PROTECTION PROBLEMS*A Study Based on 247 Cities—November 1, 1945*

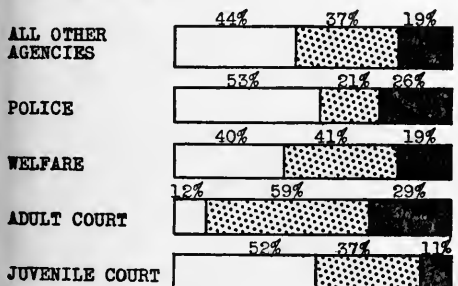
P O L I C E

Cooperation
between police
and --

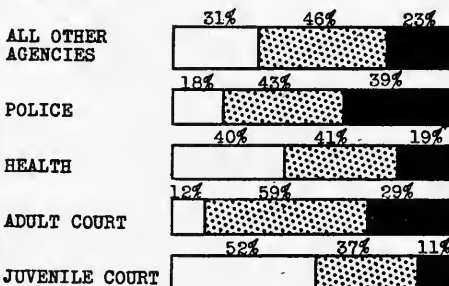
Percentage of cities with:



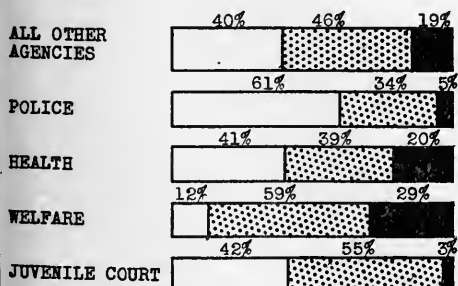
H E A L T H

Cooperation
between health
departments and --

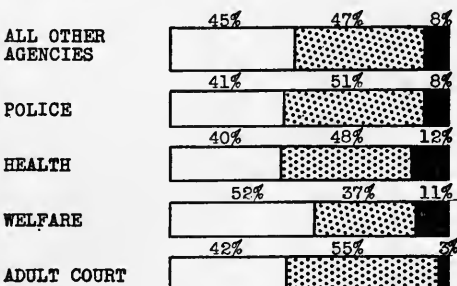
W E L F A R E

Cooperation
between welfare
agencies and --

A D U L T C O U R T

Cooperation
between adult
courts and --

J U V E N I L E C O U R T

Cooperation
between juvenile
court and --

a means of providing for physical examinations, or misuse of vagrancy and loitering charges.

We must make certain that civil liberties are guarded. Citizens must support officials and officials must work with citizens. Much more education is needed to inform people of the real nature of prostitution. More information and applicable techniques are needed in the field of social treatment.

By stressing the work ahead it has not been my intention to belittle the splendid accomplishments already achieved in hundreds of communities. I firmly believe that the principles of community action which have been followed during the war and the patterns of operation which have proved successful will be carried forward in communities long after the period of reconversion is over. Communities all over the country have been awakened to their responsibilities in the field of social protection and social hygiene. The techniques which have been developed by and for law enforcement officials are gaining wide acceptance. We learn that the Division's manual on *Standards for Detention of Juveniles and Adults*, although only recently released, has already helped communities to assess the faults and values of their own detention facilities. The community action guides, such as *Danger Ahead*, *Challenge to Community Action*, and *Meet Your Enemy*, are being used as basic reference materials for those who wish to carry this work on for the future welfare of our citizens.

"This war against venereal disease is a fight on many fronts. All these sectors—health, law enforcement, ethics, economics, and human dignity—are equally important.

The personal, social, and ethical stake in the problem is essentially the concern of the individual, the home, the church, the school, and other forces that shape the pattern of our family and community life. Government, however, is concerned when prostitution and widespread promiscuity become a threat to public health and welfare—by spreading venereal disease; by undermining the families of our population, including young people for whom the future should hold promise.

These problems must, in the last analysis, be solved by the communities in which people live. Every department of local government—executive, health, police, welfare, and education—shares this responsibility. They should have our full support. The Federal and State Governments can help by keeping communities informed on ways and means—on effective and successful lines of action, particularly in health, welfare, and law enforcement.

During the war, great gains have been made. These gains must be extended—not lost."

PAUL V. McNUTT,
Federal Security Administrator

THE VENEREAL DISEASE HERITAGE OF WORLD WAR II

A NAVY VIEW OF DEMOBILIZATION AND POSTWAR VENEREAL DISEASE AND SOCIAL HYGIENE PROBLEMS

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AND

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Amidst the aftermath of V-J jubilation and the near hysteria of redeployment and demobilization, America has again come face to face with what has all the earmarks of a major venereal disease control "crisis." The details of the situation are not yet definite, but the general outlines can be seen clearly enough. Unfortunately, there has been much loose talk stemming from inadequate information and a certain measure of wishful thinking. It is time to let the facts speak for themselves.

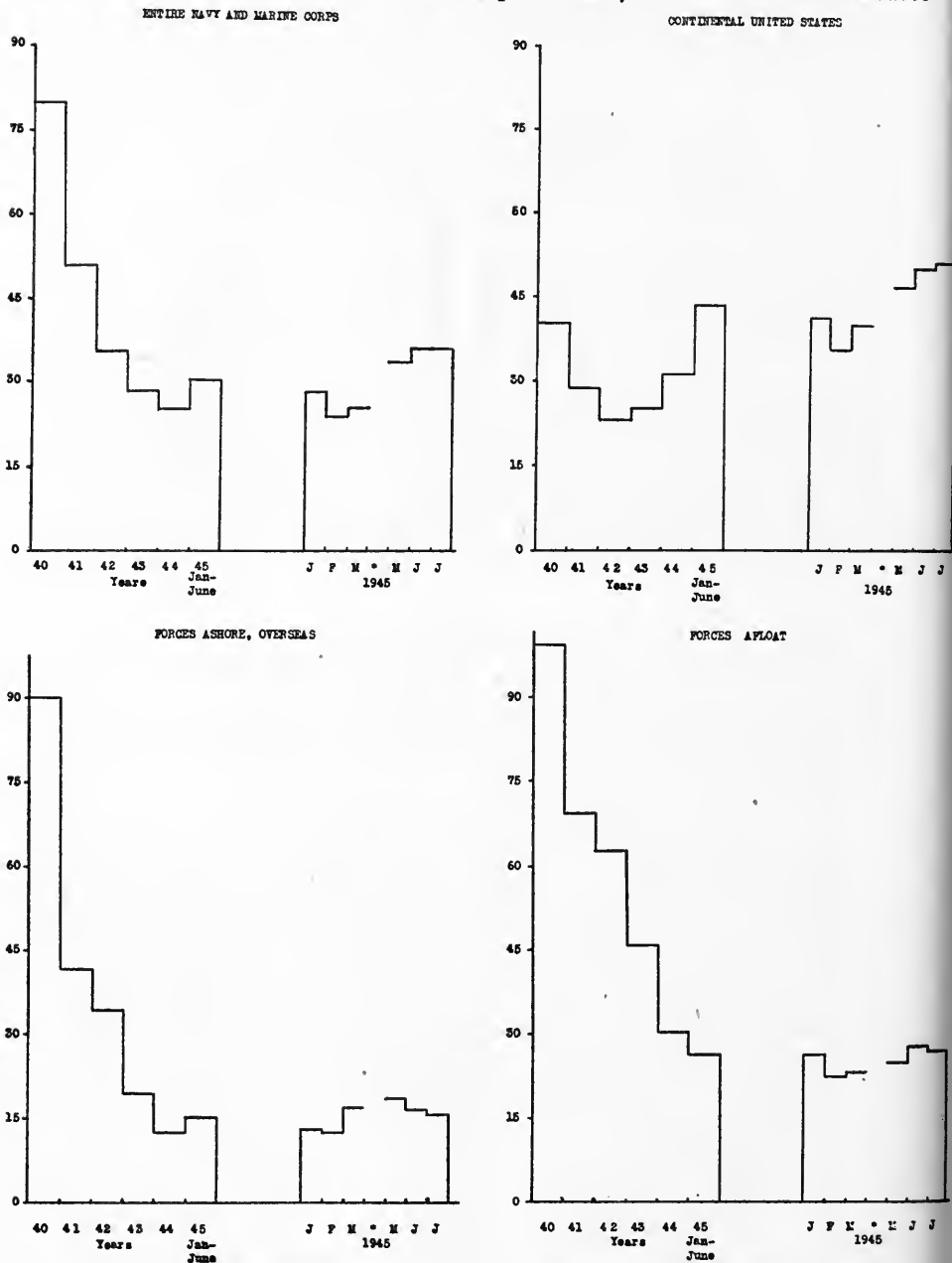
It is not, however, within the province of naval officers to presume to have first hand access to all the facts. But in the experience of the Navy there does exist information as to current conditions which may serve to fill in some of the gaps in our factual armamentation. Since there are also background data with which current information may be compared, Navy experience may aid in our understanding of where we are and, where we are going.

I. NAVY VD TRENDS, 1940-45

The general trend of Navy experience during World War II is presented in *Figure 1*. It is immediately evident that while the over-all rate of acquisition of new infections by all Navy men as a group has dropped substantially from its pre-war levels, the trend for 1945 is up—and drastically so for the May-July period (40 percent over 1944). Except for men actually aboard ship, this rise holds for all categories of forces. It is marked for the United States, and even more so for forces ashore overseas, where the monthly trend—*before* V-J day—was up significantly (May-July; 55 percent over 1944), although the actual rate of overseas infections was much lower than that in the States—15 as compared to 44 per 1,000 per year for the first six months of 1945.

Continental United States trends are of primary interest, for it is here at home that the decisive battles for the control of venereal disease will be fought. During the coming months the bulk of all Navy personnel will be billeted, for short or long periods prior to

FIGURE 1
 VENEREAL DISEASE TRENDS IN THE U. S. NAVY, 1940-45
New Admission Rates per 1,000 Men per Year for All Venereal Diseases



All figures tentative.

* No data available for April, 1945.

their release, in the states. While in this state of "suspended animation," boredom coupled with extensive liberty opportunities will work hand in glove to raise the venereal disease potential.

In considering the continental data, it is important to keep in mind that the rates cited are new infection rates—i.e. the number of cases of venereal disease *newly acquired* per thousand men per year for the period under discussion. In consequence these rates reflect quite directly the current trends of exposure activity between Navy personnel and civilians. Indirectly, at least, they mirror current civilian infection levels.

The trend for personnel in continental United States can be tracked on Figure 1 in relationship to the trend of other categories of forces. It will be noted that the downward trend in the states was halted in 1942-1943, forecasting a change in the Navy overall rate and that of overseas forces which thereafter slowed down and finally turned upward. The continental rate rose considerably in 1944, and shot up sharply during the first six months of this year.

By examination of the monthly U. S. rates, it will be noted that while the first three months were about one-quarter again as high as the 1944 rate, the level for May-July is two-thirds greater. Thus, although the 1945 rate (six-month base) now stands but 4 points (10 percent) above the 1940 mark, it may be expected to find a substantially higher level by the end of the year.

What are the implications of these trends? Do they add up to a "crisis" in venereal disease control? Have military and civilian wartime efforts proved a failure? How will demobilization figure in the picture? What signposts for the future does our wartime experience suggest? In facing these queries, we must be candid—with ourselves as well as with the public.

II. RECENT NAVY CONTROL DEVELOPMENTS

Preliminary to suggesting some lines of thought which may prove fruitful in charting our future course, it may be pertinent to place on the record some of the more recent developments in Navy venereal disease control, the over-all approach to which has been described frequently.¹

Treatment

One development has to do with penicillin therapy. Most gonorrhea is now treated with penicillin on an ambulatory basis with what may be described as "good results. But even in gonorrhea penicillin may prove to be something less than a "miracle drug". We must note the parallel with early sulfonamide experience. The problem of penicillin treatment of gonorrhea masking syphilis remains, and the treatment of early syphilis with penicillin finds us still in the woods insofar as scientific evidence as to final efficacy is concerned, although empirical results are very encouraging.

Patient Education

Another development, closely related to treatment, has to do with the education of the patient and the identification of his contacts. The contact investigation process, as it has been brought to fruition in the Navy, has stressed its educational function as well as its role in linking naval and civilian public health control mechanisms.²

Emphasis on education of the patient has stemmed from the practical medical need of the patient's cooperation in treatment and follow-up. It also relates to our impression that an important proportion of the Navy venereal disease problem is accounted for by individuals who are repeatedly infected. In the contact-education interview we find virtually our only opportunity to discuss the individual's problem with him face-to-face. Here we are able to review his case in some detail, to refresh his knowledge of venereal disease, of the importance of treatment, and of his obligations to others. For the vast majority, the lesson with regard to future conduct teaches itself, with little necessity for overtly drawing the "moral." For a certain percentage, of course, there must be plain speaking and stress on medical protection.

Contact Investigation

The epidemiologic aspects of contact investigation have likewise proved of great immediate value in terms of both direct case-finding and as a means of focusing control efforts. Data derived from contact reports have enabled us to keep currently informed of when and where venereal disease is being spread and by whom. The information is relatively precise and inclusive, as may be seen from recent published reports.³ Results, while not spectacular, have been encouraging. In the first blush of applying a new procedure and unfamiliar techniques, Navy contact investigation in the six months July-December 1944 uncovered 10.5 new and previously unknown cases for every 100 contacts reported. In all, more than 4500 infected individuals were brought to treatment. Perhaps more important from a social hygiene and social protection point of view, this world-wide system has provided extensive data as to the social characteristics of many thousands of venereal disease contacts.

Education for Prevention

Despite—perhaps even because of—developments in rapid therapy, the preventive aspects of venereal disease control still looms large. During the past few months the entire matter of prevention has undergone a revaluation in the Navy.⁴ A certain emphasis, of course, remains on medical prophylaxis (see *Fig. 2*) as the final line of defense. We have attempted to place it in its proper perspective, however, as but one of the several choices which the individual must make.

As the war neared its close, a project, centering around motion picture techniques, was well under way, looking toward a basic approach to venereal disease in terms of individual behavior and social responsibility. This theme had been touched upon previously in pamphlet material for both men and women in the service along the lines

that "whether or not it results in venereal disease, promiscuity is a sign of immaturity." More recently (see *Fig. 3*) the idea that "venereal disease can be cured but there's no medicine for regret" has been presented in posters displayed aboard every ship and station of the Navy and the Marine Corps.

A Behavior Approach

Our basic assumptions have included the precept that sex behavior and venereal disease are basic elements of personal behavior about which the individual must make his own decisions in light, however, of his obligations as an interdependent member of society. This line of thinking has led us to feel it mandatory upon us to assure that each individual is fully informed not alone of the physiology, biology, and anatomy which are involved, but also of the social and psychological forces pulling and hauling at him.

In the Navy the motion picture has carried a heavy share of the burden of transmitting these ideas. It is particularly well adapted to the translation of these broader principles into meaningful and concrete concepts which can be grasped and made use of by the individual. Our observation has been that presentation of this type of material by way of printed literature is relatively unsuccessful. In the printed word these broader elements tend to take on an intellectual and frequently "moralistic" tone. Terminology usually goes beyond average comprehension; and even where the words are understood the background to which they relate in the individual instance varies so considerably that precision of meaning is all but impossible.

By nature the picture or photograph is specific, and it is possible to use it in such a manner as to transmit generalities which the viewer himself can adapt to his own experience. On these assumptions we have produced, during the past year, three films. All attempt to give the individual some perspective as to venereal disease and sex behavior in a setting, both physical and psychological, which is recognized as authentic by the sailors and Marines themselves. (*See Figs. 4 and 5*).

Personnel

To implement these refurbished if not new approaches, the Navy venereal disease control program has been augmented by two new categories of personnel. To provide direct, on-the-spot planning and execution of the non-medical aspects of control has been the prime function of Deputy Venereal Disease Control Officers.⁵ These officer specialists are all college graduates, a few have had some medical school work, and virtually all have had experience in direct health education and administration, social work, social hygiene, social protection, or tuberculosis control.

The Deputies have devoted much energy to the training of a second category of personnel, that of the enlisted venereal disease control technicians. These latter have aided materially in contact-education interviewing and in general administration of venereal disease control techniques. A special project at the Naval Training Center at Great Lakes, Illinois prepared a group of enlisted Negro personnel

from stations all over the country as venereal disease control assistants to aid in bringing more adequate attention to this phase of the problem.

It is the universal opinion of all Navy venereal disease control officers that the utilization of non-medical officers and enlisted personnel has made possible the application of venereal disease control procedures to a degree that offers real possibilities for success.

III. DEMOBILIZATION

It is only natural, given the state of public opinion, that virtually all of the energies of the armed services are today directed toward returning the military veterans, men and women, to civilian life. We are here concerned with one important aspect of this human reconversion, one that involves an emotional as well as a physical and environmental readjustment. Paradoxically, we were given several weeks and even months to transform the civilian into a fighting man, but the transmutation in reverse must be accomplished in a matter of 72 hours or so.

275,000 Cases

The venereal disease aspect of Navy demobilization involves directly more than 275,000 men. This is the approximate number of cases of all types of venereal disease which has been treated by the Navy in the period between 1940 and the surrender of Japan. Each month that goes by, of course, adds more to the total.

Within this total group are two sub-groups of special importance:

(a) The largest group—something near 240,000 persons—includes those personnel who have a history of venereal disease infection where sufficient time has elapsed after Navy treatment to have permitted full observation and adequate follow-up examinations, and where the blood test is negative at time of separation. These individuals, as they leave the Navy, are "cured" cases. They represent *no public health danger* and so far as can be predicted *no danger to themselves or their families*. Nevertheless—and especially in the case of syphilis—they are being informed of their situation in a personal interview with trained venereal disease control personnel. The facts and implications of their past infection are being reviewed with them. They are advised to maintain periodic follow-up and to see a physician at any sign of relapse.

(b) The second group includes those personnel who have a history of venereal infection within a time period or with a clinical course that requires further follow-up examinations or observation before a reasonable assurance of "cure" can be given. The blood test may or may not be positive. There are no present clinical manifestations. *None of these patients is infectious and all have received complete treatment.*

Included are syphilis cases treated with penicillin within one year of separation, penicillin-treated gonorrhea within three months, and those who have completed orthodox arsenical-bismuth therapy. The total of these cases, all requiring some further medical observation in civilian life, is roughly estimated at between 30,000 and 40,000 individuals.

Each of these individuals will be personally interviewed by a specially trained venereal disease control officer or hospital corpsman. Each case will be handled on an individual basis, and the patient will be given precise information as to where he can obtain follow-up medical attention—through

NAVY SEPARATION LEAFLETS (Continued)

Reverse sides and covers of **NAVYMED 911**, **912** and **913** are shown at right.

NAVYMED 911

The interviewer fills in the addresses of the health department clinic and rapid treatment center nearest the dis-chargee's home.

NAVYMED 913

The interviewer fills this in, as for **NAVYMED 912**.

- ★ You can get your blood test from . . .
1. Your health department
 2. Your private physician
 3. Or get in touch with the nearest Veterans Administration representative

Show the doctor this note --ur just keep it in your wallet to remind you to get . . .

A PHYSICAL EXAMINATION AND A BLOOD TEST . . . Every Year



If you ever have any sign of venereal disease (sores or a rash or a discharge) go to a doctor--on the double. It doesn't pay to take a chance!

MEDICAL DEPARTMENT
UNITED STATES NAVY



IMPORTANT INFORMATION ABOUT YOUR HEALTH

From Your
SEPARATION MEDICAL EXAMINING BOARD

NAVYMED 911

- ★ You can get the following medical care prescribed inside from . . .
1. The health department clinic at _____

2. The Rapid Treatment Center (hospital) at _____

3. Your private physician

4. Or get in touch with the nearest Veterans Administration representative.

FOR INFORMATION ABOUT YOUR MEDICAL RECORD, SEE NEXT PAGE.

If you ever have any sign of venereal disease (sores or a rash or a discharge) go to a doctor--on the double. Even after the doctor says you are cured, it is plain common sense to . . .

SEE A PHYSICAL EXAMINATION AND A BLOOD TEST --Every Year

Show your doctor this leaflet. It provides important information about your case.

Tell your doctor that information about your blood test and the treatment you got in the Navy has been sent to your State health department. He can get details from them.

If your doctor needs further information, you can get a complete record of your treatment from the Navy. Write to:

CHIEF, BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D.C.

and ask for a copy of your medical record. Give your full name, address, file or service number, rank or rate, and dates of service. Also give the name and address of your doctor.

MEDICAL DEPARTMENT
UNITED STATES NAVY



IMPORTANT INFORMATION ABOUT YOUR HEALTH

From Your
SEPARATION MEDICAL EXAMINING BOARD

NAVYMED 912

IT IS UP TO YOU . . .

To see a doctor as soon as possible. You can go to . . .

1. The health department clinic at _____

2. The Rapid Treatment Center (hospital) at _____

3. Your private physician

4. Or get in touch with the nearest Veterans Administration representative.

FOR INFORMATION ABOUT YOUR MEDICAL RECORD, SEE NEXT PAGE

If you ever have any sign of venereal disease (sores or a rash or a discharge) go to a doctor -- on the double. It doesn't pay to take a chance! Plain common sense says --

SEE A PHYSICAL EXAMINATION AND A BLOOD TEST --Every Year

Show your doctor this leaflet. It will explain to him why you have come to him for an examination and another blood test.

★ If your doctor needs more information, you can get a complete record of your treatment from the Navy. Write to:

CHIEF, BUREAU OF MEDICINE AND SURGERY,
NAVY DEPARTMENT, WASHINGTON 25, D.C.

and ask for a copy of your medical record. Give your full name, address, file or service number, rank or rate, and dates of service. Also give the name and address of your doctor.

MEDICAL DEPARTMENT
UNITED STATES NAVY



IMPORTANT INFORMATION ABOUT YOUR HEALTH

From Your
SEPARATION MEDICAL EXAMINING BOARD

NAVYMED 913

NAVY SEPARATION LEAFLETS (For Use in Separation Interviews)

YOUR HEALTH RECORD SHOWS

... that you received treatment for syphilis while in the Service. Your health record also shows that treatment was completed and that you were discharged to duty.

The Separation Medical Board has examined you carefully and has found no sign of syphilis. Laboratory test of your blood now is negative.

In other words, you can be rather certain your syphilis is "cured."

WARNING

... Syphilis is treacherous! Even after everything looks O.K. (as you do now) sometimes the disease comes back. This is what the doctor calls a *relapse*. A relapse is like the syphilis was in the beginning. It is dangerous to you and to your family and to your friends.

HOW TO TELL

... Sometimes there are sores or a rash. But usually the only way you know you have a relapse is when the blood test turns "positive."

IT IS VERY IMPORTANT TO HAVE A BLOOD TEST EVERY YEAR!

The chance that your syphilis will come back is small--but it is only common sense to protect yourself. Have a complete physical examination and a blood test every year. It doesn't pay to take a chance!

YOUR HEALTH RECORD AND SEPARATION PHYSICAL EXAMINATION SHOW THAT ...

You have had syphilis. ☐

You have been treated and are no longer infectious--that is, you cannot pass syphilis on to others. It is very probable that you are "cured." ... But syphilis is treacherous! Sometimes, even when every-

thing seems O.K., the disease comes back. Sores may come, or a rash, but usually the only sign is when the blood test turns "positive." ... This is why you must have several more examinations and blood tests before the doctor can be sure you are really cured.

IT IS UP TO YOU to see a doctor

A. Next month--for a physical check-up and a blood test.

B. Six months after you finished treatment--for a spinal fluid examination as well as a physical check-up and a blood test.

C. Every year--for a physical examination and a blood test.

IT IS AS EASY AS A B C TO PROTECT THE HEALTH OF YOURSELF, YOUR FAMILY AND YOUR FRIENDS...

You have had gonorrhea. ☐

You have been treated with penicillin. So far as the doctors can tell, the gonorrhea is "cured." But you may also have gotten syphilis along with the gonorrhea. Gonorrhea shows up before syphilis, so you could have syphilis and

not yet know it. ... The trouble is, penicillin treatment of gonorrhea sometimes "covers up" syphilis. Sometimes it is several months instead of 2 or 3 weeks before syphilis shows up. ... The only way to be sure you don't have this hidden syphilis is to have several blood tests.

IT IS UP TO YOU to see a doctor and get an examination and blood test

A. One month after your gonorrhea treatment was finished.

B. Two months after your gonorrhea treatment was finished.

C. Three months after your gonorrhea treatment was finished.

If there is a very rare case where your blood test was "positive" or "doubtful,"

* You remember the other day we drew some blood from your arm for a syphilis test? Well, the laboratory has examined that blood very carefully. It reports that something may be wrong.

● Now that may mean a lot of things. It may mean you have syphilis. This could be true although your Health Record shows no diagnosis or treatment. This could be true although the medical board has examined you carefully and found no outward signs of syphilis.

● This blood report might also mean that you have had an attack of malaria recently. Or maybe

you've had an upper respiratory infection. Sometimes illnesses like these make the blood "false positive." It is possible, of course, that there could have been a technical error in the laboratory.

● But Remember! Syphilis is treacherous! Sometimes the signs and symptoms are not noticed. Then only the blood test can discover the possibility of syphilis. This may be what has happened to you. To make sure you do or you do not have syphilis, a doctor will have to examine you very carefully and give you several tests. It will take some time to make sure.

● You have learned enough about syphilis to know it doesn't pay to

take a chance. If you should have syphilis, and you do not find out about it, you are in for serious health trouble.

● It is simple common sense to find out. You owe it to yourself, your family and your friends to find out if you have syphilis -- and to get full treatment if you do have syphilis.

This unsatisfactory blood test may mean you have syphilis. And it may not. You need a careful diagnostic study by a doctor. Only the doctor can give you an answer -- and he can be sure only after more blood tests and examinations.

★ ★ ★ ★ ★

NAVMED 911,

for those who have had a venereal disease, have completed treatment and observation, and are discharged as cured.

NAVMED 912,

for those who have completed treatment but not observation. (The interviewer checks which disease is concerned.)

NAVMED 913,

for those with positive or doubtful blood tests, but with no history of infection nor any clinical symptoms.

his private physician, his local health department or Rapid Treatment Center, or through the Veterans' Administration. In the case of Rapid Treatment Centers, arrangements are frequently made through the U. S. Public Health Service for transportation en route home. (See insert for materials used in separation process.)

Serologic Dragnet

It will be noted that these 275,000 cases include only those where there is a history of infection treated by the Navy during the individual's period of Naval service. This total will be added to by routine blood tests of all men processed for separation. The number of positive reports resulting is difficult to anticipate.

A certain proportion of positive reports will naturally match up with known cases. These positives will include cases where infectiousness has been checked by penicillin therapy but where sufficient time has not yet elapsed to permit return to normal serology. There will be some "serologic fast" cases. Some cases will turn up where there are histories of gonorrhea treatment with penicillin, thus suggesting the possibility of masked syphilis. Insofar as possible, this latter group will be weeded out and necessary treatment to non-infectiousness given.

In addition to these positive serology-plus-history cases (included in sub-group [a] described above), serologic screening of all separatees will result in a numerically significant number of positive (and "doubtful") laboratory reports suggestive of syphilis but without supporting histories or clinical evidence. These reports will include an unknown proportion of false positives of one type or another, some the residue of malaria, infectious mononucleosis and other infections. Some few will reflect relapses, and probably a very small proportion will be accounted for by concealed cases which have progressed beyond clinical and infectious stages. More will prove on later clinical study to be latent and unknown cases.

These types of cases will *not* fall in the infectious category. They are, however, of basic public health importance. There is reason to be prepared for between 20,000 and 40,000 such reports among 3,000,000 discharges. We hope and rather expect the total will be somewhat smaller.

Pre-Separation Treatment

It may be observed that in none of the three categories of patients enumerated above are there included any individuals who are *known* to have venereal disease* and who require any continuation of treatment. This circumstance does not come about by coincidence, but by design.

As is well known, for many years it has been a basic policy of the Navy not to release to civilian status any individual having a com-

* This excludes, of course, those individuals presenting "positive" or "doubtful" presumptive Kahn serologic evidence only, but no clinical signs or symptoms, and who have no record or history of infection—i.e., individuals for whom a diagnosis has not been established.

municable disease—including venereal disease—in an infectious state. Under the mass conditions of the present demobilization program even this conservative policy would conceivably have permitted some patients who had received partial treatment—and who, of course, were non-infectious at the time of release—to return to civilian life requiring immediate treatment; and inevitably some cases would relapse, especially if continuation of treatment was delayed.

Therefore, for the purposes of demobilization, this long-standing policy has been supplemented by the requirement that all persons with syphilis receive complete and satisfactory treatment prior to their transfer to separation points. The logic behind this modification was thus expressed in Surgeon General McIntire's directive of 31 October:

In order to protect both the health of personnel being separated from the Naval Service and the public health, and to expedite separations from the Service, it is essential (1) to preclude the possibility of personnel who require further antileptic treatment from reaching separation centers and (2) to obviate the necessity for continuation of treatment by civilian facilities immediately after separation.

"Satisfactory treatment" has been defined as completion of the 26-week schedule of arsenic-bismuth therapy or its equivalent, or administration of 2,400,000 units of penicillin on a seven and one-half day schedule. In cases where arsenic-bismuth courses cannot be completed without delaying separation, the penicillin schedule is recommended.

The effect of this new policy is to eliminate the necessity for continued treatment of any Navy syphilis patients after they again become civilians. Serologic observation, of course, remains necessary. Parenthetically, the same general situation is true for gonorrhea and the other venereal diseases—i.e., all cases are routinely given complete therapy, and observation is recommended.

Liaison with Civilian Agencies

It is apparent from the foregoing that the individual sailor and marine headed back to civilian life is considered an adult and given a full measure of responsibility for maintenance of his own future health and the health of his community. However, the public health responsibilities of the community as a whole and its concern for the welfare of all its people, are likewise recognized by the Navy separation plan.

Every instance of positive serology reported by Navy laboratories is transmitted to the health department of the jurisdiction in which the Navy veteran expects to reside. This report is accompanied by a transcript of Navy treatment. Insofar as possible, such a transcript is also forwarded in those cases where the blood is currently negative but where follow-up treatment or serology is indicated. All reports are channeled through U. S. Public Health Service separation offices, and receive, of course, the same protection from publicity accorded all medical documents.

Currently Infectious Cases

Some cases presenting clinical evidence of current infection will be discovered at the separation centers. These cases, of course, will be pulled from the examining line and given complete treatment. Thereafter they become part of sub-group (b) and receive the same type of personalized interpretation and advice as to post-Navy follow-up. Needless to say, their treatment process includes a contact-education interview and reporting of their contacts to civilian health departments.

There are other infected individuals, however, who do not come to the attention of the Navy medical examining boards at the separation centers. They have been infected with venereal disease shortly before the separation examination but present no clinical signs or symptoms nor serologic evidences of infection at the time of the examination. It may be assumed that the number will be quite small, probably less than one-hundredth of one per cent of all men examined per day. But considering the over-all number being discharged, the total cases involved is not inconsiderable. Since the infection will almost surely be unknown (even if suspected) by the individual until symptoms appear, a very real personal and public health problem is presented.

So far as plugging this possible "leak" by medical methods is concerned, the problem is virtually insoluble. Curtailment of immediate pre-separation liberty might reduce the percentage somewhat, but rigid "quarantine" (from 10 days to three weeks would be necessary) is obviously impracticable.

Transitional Education

The matter, however, is not being left at this stage. We recognize this to be again but a new poser in the general problem of education for prevention and personal responsibility. Therefore, to all of the individualization being given to past, present, and potential patients, we are superimposing a pre-separation educational approach to *all* personnel.

By posters (see *Fig. 6*), leaflets, and other audio-visual means we are (more than once, where possible) :

1. Refreshing the memory of every individual due for discharge as to the facts of venereal disease, their cause, spread and cure.
2. Pointing out to those with histories of infection or with positive blood reports the importance of further medical care, follow-up, or diagnostic study, as the case may be.
3. Emphasizing the possibility of acquiring infection prior to separation and of missing Navy diagnosis because of the incubation period phenomena.
4. Cautioning as to the dangers of future exposure and infection, and pointing up personal, social and familial implications.
5. Advising as to the existence of private physician and public facilities for diagnosis and treatment, outlining the civilian venereal disease control program and suggesting that the veteran has a responsibility for the nation's health and social hygiene.

To sum up: Navy demobilization procedures with respect to venereal disease include: (a) serologic screening of all personnel; (b) individual review of each syphilis case, and insofar as possible, of all others having had a venereal infection; (c) personal interview and special information and education for all individuals with positive serology and/or with histories as noted above, with specific referral to civilian diagnostic and treatment sources; (d) direct reporting of all cases with a suggestive serology to civilian health agencies; (e) "refresher-transitional" education for all personnel.

Overall policy is clear: No individual with demonstrable venereal disease—syphilis, gonorrhea, chancroid, or any other—will be released from the Naval service until that individual has received complete, satisfactory treatment and is non-infectious. Thus, in terms of venereal disease control, Navy separation procedures stand on two sturdy legs: Protection of the individual; protection of the public health.

IV. WHAT IS BEHIND THE TREND?

To return to the central question: How can these evidences of apparent progress in the development of Navy venereal disease control techniques (which, of course, are paralleled by Army and civilian efforts) be reconciled with the trend in new infection rates?

"It is perhaps of some pertinence to note that the current trends have been repeatedly predicted by both Army and Navy spokesmen as well as by civilian authorities. For example, a year ago this Navy warning was sounded:⁶

... It may prove that the upsurge in the Navy VD rate (as of June, 1944) foreshadows the course America will follow in these coming months and years. It is an old path, a path made familiar during the World War I era—but this time we are apparently not awaiting demobilization to set out upon it. To be forewarned, however, is to be forearmed. There is no inevitable fate which dictates that we must continue along this path to ill health and social erosion.

Technical Limitations

If public health and medical control measures are implicated, in what respects are they wanting? We know that there are measurable deficiencies in case-finding techniques, that prophylactic methods leave much to be desired, and that therapeutic and diagnostic procedures—especially diagnosis in the female—require further refinement. All things considered, however, it would not appear that the general lines of approach in terms of public health methods are misdirected. Those who have studied the past and are familiar with the thinking and procedures in other countries appreciate the significance of the general agreement and precedence which the basic principles of the public health control of venereal diseases enjoy.

The point seems to lie not in the *kind* of approach so much as in the *degree* to which the principles are *applied*. We must not blind ourselves to the fact that even in the Army and Navy the energetic application of accepted and practicable procedures has not been 100 percent. The reasons are many and in certain respects are valid.

Trained manpower for example, has not been available when and where and to the extent necessary.

Thus it appears legitimate to lay some of the responsibility for current trends upon the inadequate application of public health control techniques. Note should be taken, however, that this is an element which can be corrected more or less readily when the will and the wherewithal are at hand.

Morale and Social Forces

Our impression is that the more significant element in the current dilemma has to do with social forces. This is an aspect which has been touched upon frequently in past discussions.^{1,7} The drawing of attention here to the social antecedents of the problem must not be looked upon as rationalization or as moralizing. Such labeling is a cynical and profitless pastime. These so-called "broader issues" are in point of fact very real and concrete matters susceptible to corrective action—if they are understood and the effort is humble as well as honest.

Superficially at least, a good proportion of the new venereal disease cases of the latter months of the war and the early weeks after V-J Day arose from a breakdown in morale. More basically the venereal disease infections of these periods and of all other periods are reflections of individual morale inadequacies enmeshed in a morass of social disorganization. In a very real sense venereal disease infection rates are measures of community and individual morale as much as, if not more than, the adequacy of venereal disease control programs.

Scattered investigative evidence—such as that offered by Wittkower and Cowan⁸ and the San Francisco Psychiatric Service⁹ from a psychiatric point of view—and impressions formed from day-to-day venereal disease control experience suggest that the problem hinges on (a) the personality adjustment of the individual, and (b) the social environment in which he moves.

About the first element we, as professionals, know all too little, and the average individual knows even less. As to the second, we profess to some ability to manipulate social controls, but because of our lack of understanding of the individual's personality adjustment in his environmental context we seldom appear to apply our powers in a positive manner.

It is obvious to those of us in the armed services who have made it a point to look behind the venereal disease patient to try to understand his behavior motivations, that many current assumptions as to the attitudes and habits of modern young men and women simply do not fit the facts. Levels of extramarital sex expression in all strata of our society not only are above what it is convenient to assume, but—and far more important—motivations and emotional residue are not always by any means in keeping with traditional views. There are forces even more basic than morals involved, as a few random comments from Wittkower and Cowan illustrate:⁸

Men who were occasionally promiscuous in the strict sense made up nearly two-thirds of the VD patients. . . .

Since promiscuity of the types which lead to VD is seldom the result of positive mature sexual interest but mainly the result of attempts to relieve acute psychological stress, neither punishment on the one hand nor evil counsel on the other is likely to affect to any marked degree the incidence of such promiscuity. . . .

The circumstances which lead to true promiscuity are such that full-blooded propaganda on the *prophylaxis of infection* by mechanical and chemical methods is unlikely to increase the promiscuity which leads to VD. . . .

The nature and motives of the completely promiscuous, non-professional consort seems to represent a field of investigation which might yield a profit. The problem of such women is not likely to be solved by education. As in the case of the habitually promiscuous man, it is likely to be based on personality and such facts as being unaware of infection. . . .

Physiological need—"the human nature" theory—does not exist in true promiscuity.

True promiscuity has an acute or chronic neurotic motive. There is not the slightest evidence for the view which attractively links up health, virility and promiscuity.

Promiscuity, like drunkenness and absenteeism, is a matter of morale rather than of morals. Ethical judgment of neurotic problems has not proved helpful in the past. . . .

V. ROADS AHEAD

From no responsible quarter has there come indication of the slightest doubt as to the fundamental validity of Parran's often repeated public health dictum—find and treat. The task before us today is to apply this principle. True, re-evaluations and development of new techniques, especially as related to case-finding, are necessary. More personnel, very likely new categories of non-medical personnel, are needed. The overwhelming requirement, however, is to move forward without pause. And this is a need which presupposes the understanding and active support of every citizen and every lawmaker.

Reconversion to Civilian Responsibility

Today even with demobilization still in second gear the focus of venereal disease control has turned back to the civil arena. In the nature of things all the armed services can do is to hold the line with their permanent forces, screen out infectious cases before separation, and pass on serologic and history reports. The 240,000 "cured" Navy cases, the 30,000 to 40,000 persons needing medical follow-up observation, and the 20,000 to 40,000 positive serologies are, from here on out, civilian responsibilities. These veterans of war and venereal disease will represent a net gain for venereal disease control in the United States if they are all brought through to "cure"—or they can become the seed-bed for the further spread of infection.

The venereal disease heritage of World War II is not all on the negative side of the ledger. In point of fact, even the "venereal disease veterans" must not be looked upon entirely as part of the high cost of war. There is no room here to debate the evidence, but

there exist significant indications that the number of military personnel infected in service is not substantially in excess of the number in the same age groups who would have been infected in civilian life. The proportion has been held down by limitations (necessarily imposed by the nature of military service) on liberty opportunities and by emphasis on prophylaxis. Further, it is unquestionably true that except for a very small percentage, all venereal disease infections occurring among Naval personnel were diagnosed early and received adequate treatment. Certainly the case-finding rate is much greater, particularly for gonorrhea and early syphilis, than in the civilian population.

In addition to this case-finding aspect there is the compensating factor of education in the facts of venereal disease to which every one of the 3,500,000 sailors and Marines has been exposed. We make no claims as to the adequacy of this education or to the extent to which it "took," but at least inoculation was attempted. Properly and aggressively followed-up—promptly and consistently—this latent reservoir of enlightenment and interest can mean much to civilian case-finding and public support of control programs. And incidentally, from among medical department veterans can come many recruits for venereal disease control and other types of public health employment with which to implement civilian control programs.

War experience has taught us much about venereal disease control organization, administration, and techniques. Under the pressures of total conflict we have moved forward many years. We cannot afford now to backslide as we did once before under the impact of irresponsibility, complacency, and the "let George do it" tendency. Public health venereal disease control is a public responsibility. It is a challenge which if grasped holds the definite promise of halting, in our time, the inroads of these afflictions on the health and happiness of our people.

Scientific Social Hygiene

We have held for the last, comment on the basic problems—and possibly our thesis is simply that the last must be first.

Certainly it is abundantly clear now that venereal disease reflects social diseases of the most fundamental character. Clear it is also that in the individual instance there are factors which go far beyond morality or ethics. The state of affairs at present is at least suggestive of a lack of fundamental understanding of the forces abroad in our society today.

It has been said time and time again that venereal disease is but a symptom of social and personal disorganization. But ours has been lip-service to this truism. We have been largely engrossed with venereal disease pathology on the plea that "find and treat" offers a course of action that is practical and concrete. We have been reticent to tackle the very real and concrete antecedents of venereal disease.

Admittedly we must, with the full energies of our public health forces, tackle the venereal diseases as such. On pain of betraying

their obligations to the nation's health, those of medicine and public health must not relent in that attack. But others—the forces of social hygiene, of social protection, of welfare and social service, of the citizenry itself—must direct their energies to the real preventive task.

Stokes¹⁰ has called for "a return to first principles." Is it too much to suggest that perhaps the "first principles" to which we might well return in social hygiene are to the principles of scientific inquiry into man's behavior? and that perhaps a continuing task for all of us in these days of change is to discover the facts of modern living and sex behavior and to make them known—without reservation—so that the people may find their way and so that the application of both medical and social control procedures may have the virtue of resting on a solid footing of demonstrable evidence? We must ever strive to be humble in assessing the standards by which men live.

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NAVY POSTERS



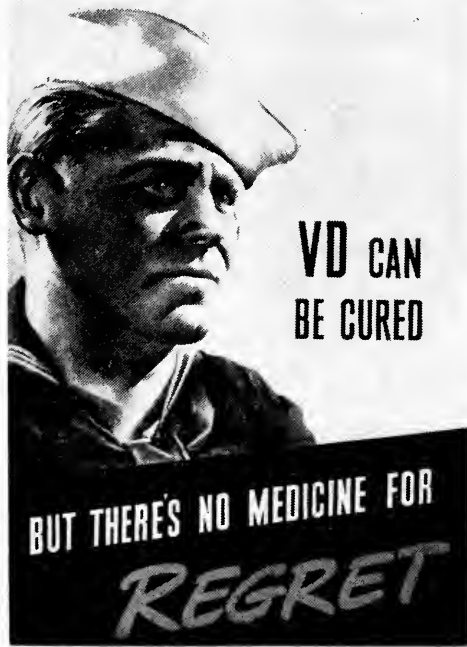
**TAKING VD
HOME TOO, SAILOR?**

*"A sailor doesn't have to prove
he's a man!"*



remember :

THERE'S NO MEDICINE FOR REGRET



**VD CAN
BE CURED**

**BUT THERE'S NO MEDICINE FOR
REGRET**



NAVY MOTION PICTURES

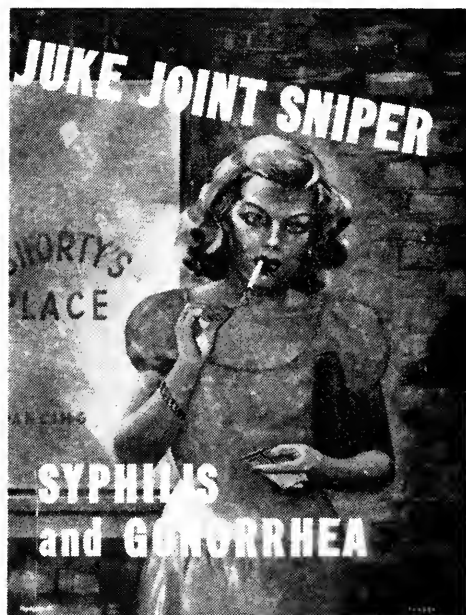


The Story of the DE-733, a dramatic film showing how venereal diseases affect the fortunes of a ship and its crew.



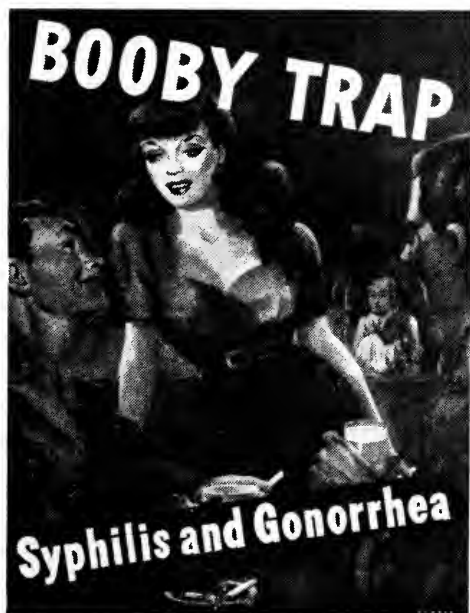
A Letter to Mary, a dramatic short film about the emotional and environmental problems of a sailor on sea duty.

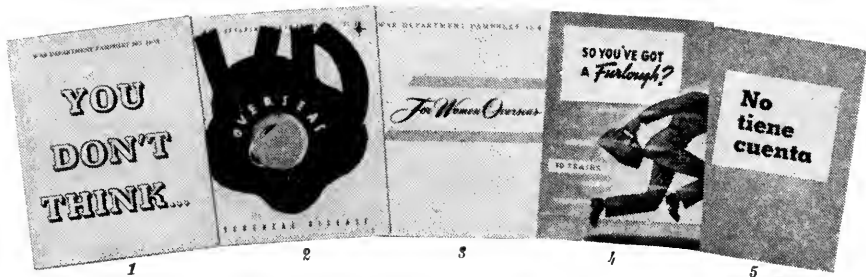
ARMY POSTERS



*Don't listen to the "Wise Guy"
...unless you want VD*

"No" is the best tactic . . .
the next, Prophylactic





ARMY PAMPHLETS

Left to right—(1) Informative and very readable short summary of the facts about VD; (2) for men and (3) for women, brief review of VD facts for troops overseas; (4) varied information on furlough problems including VD; and (5) for Spanish-speaking troops.



SOCIAL PROTECTION DIVISION PUBLICATIONS

Top—The **Techniques** series, which now contains a new one not shown here, on **Techniques in Social Treatment of Promiscuous Girls**. Bottom, left to right—(1) Program for women's groups, compiled by the National Advisory Women's Committee on Social Protection; (2) statement of social protection problems by the Social Protection Division, the ASHA, and U. S. Public Health Service in cooperation with Army and Navy, for popular distribution; (3) statement of problems on a community basis, and guide for an active program.

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The opinions or assertions contained herein are the private ones of the authors and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

“During the period 1940-42, venereal disease rates in the Navy dropped precipitously. During 1942-44, these rates climbed steadily, and the trend upward continues. Widespread promiscuity, as differentiated from prostitution, however, is chiefly responsible for this change. No one can doubt, however, that this trend would have been even more pronounced had the program for repression of prostitution been prosecuted any less vigorously and tenaciously than it was. It is altogether probable that the Navy situation foreshadows a coming crisis on the home front. The health of the Navy demands that the accomplishments of the repression program be held against all attacks.”

ROSS T. McINTIRE,
Vice Admiral (MC), Surgeon General, U. S. Navy

CURRENT ARMY VENEREAL DISEASE RATES

LIEUTENANT COLONEL THOMAS H. STERNBERG, MC, *Director*

AND

MAJOR ERNEST B. HOWARD, MC, *Assistant Director*

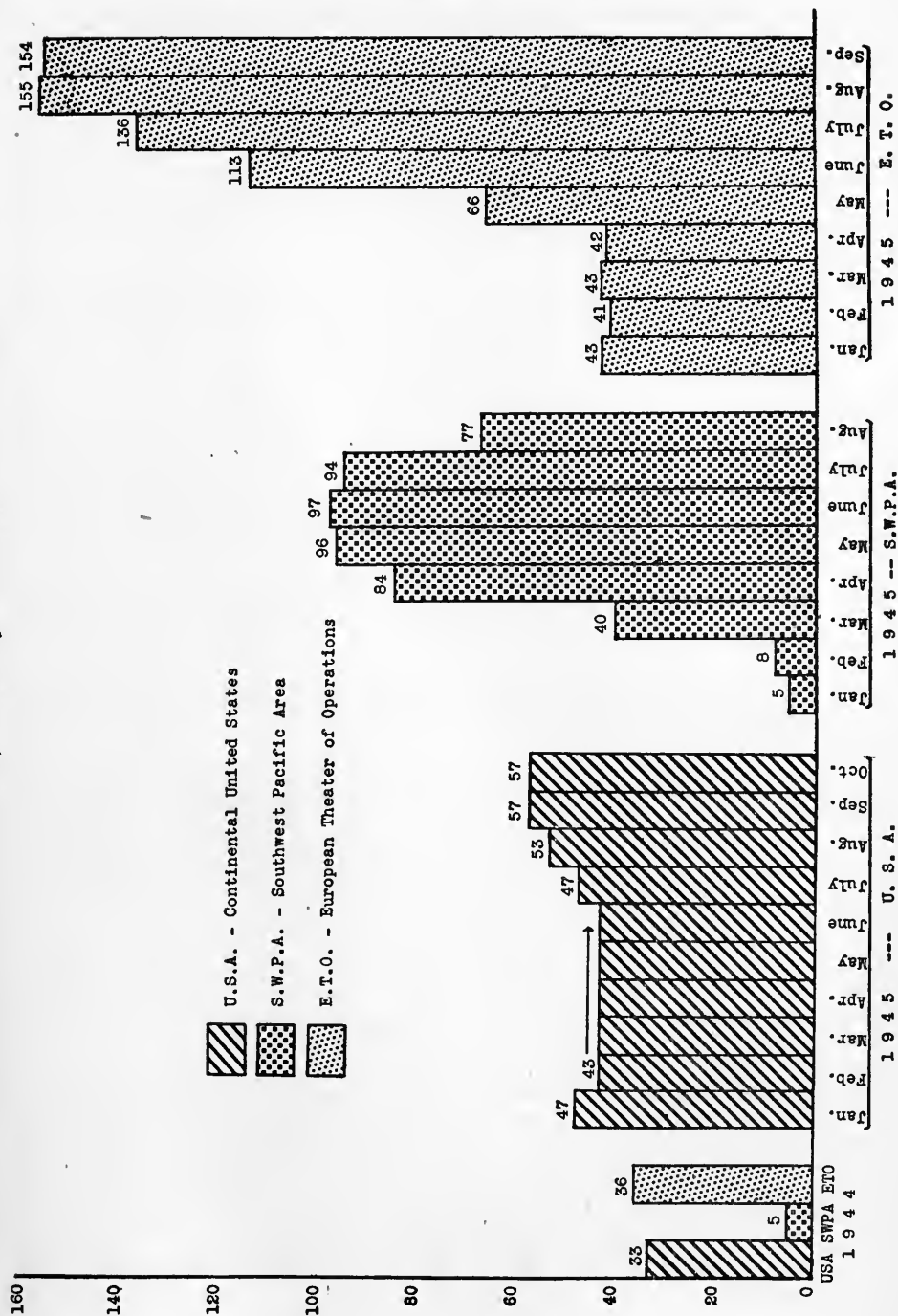
*Venereal Disease Control Division, Preventive Medicine Service,
Office of the Surgeon General, Army Service Forces*

EDITOR'S NOTE: Newspapers and magazines have recently published a variety of stories and figures concerning rising venereal disease rates among troops stationed overseas. For JOURNAL readers, the facts are presented here as shown by the War Department records, together with a forecast of what can happen in the United States regarding the spread of syphilis and gonorrhea, both in and out of the Army, unless strong civilian action is maintained. This statement, prepared especially for the JOURNAL and the SOCIAL HYGIENE NEWS (see September issue) by the Director and Assistant Director of the Venereal Disease Division, Office of the Surgeon General, and approved for publication by the War Department Bureau of Public Relations, sounds an urgent challenge to social hygiene workers and state and community agencies, both official and voluntary, to hold the line with redoubled strength. It is up to us to decide whether the triumph of achieving "the lowest venereal disease rate in wartime history" reported by military forces in 1943, is for wartime only. Physicians and public health officials say that this record can be beaten, but that the medical program of "finding and treating every infection" even with the amazing new methods, cannot do this alone. But united effort of all concerned, they and we believe, in the nationwide over-all program of telling the facts about these dangerous diseases, and protecting the people from them by building strong family life, and fighting prostitution, promiscuity and other conditions which help VD to spread, can insure steady gains in health and happiness for a nation at peace.

Recent trends in Army venereal disease rates are shown in the accompanying chart. It is noteworthy that the sharp rise in rates in the European Theater of Operations took place after V-E Day. Likewise, in the Pacific the marked increase in the rate occurred as the fighting in the Philippines diminished and there was more opportunity for exposure. Now that all hostilities have ceased it is believed that the Army rate in the United States will show a similar, though probably less dramatic, rise in the next 6 to 12 months.

This recent increase forecasts the extent of the venereal disease control problem to be faced by civilian agencies in the immediate future. During the war the Army has had control of over eight million soldiers and has carried out a venereal disease prevention program which has encompassed discipline, compulsory educational procedures, provision of prophylaxis, isolation and treatment of

U. S. ARMY ADMISSION RATES FOR VENEREAL DISEASE

Per 1,000 Men per Annum

infected soldiers, and furnishing of contact information to civilian health agencies. In the next 12 to 18 months over five million of these soldiers, all in the age group with the highest expected incidence of venereal disease, will be discharged to civilian life. The Army has taken steps to assure that the number of men discharged with infectious venereal disease will be held to a minimum. Civilian agencies must accept the responsibility of this increased burden by providing substitute venereal disease control procedures of at least comparable intensiveness. Failure to do so will almost surely result in increased civilian rates.

EXCERPTS FROM STATEMENT BY LT.-COL. STERNBERG BEFORE THE
DISTRICT OF COLUMBIA CONGRESSIONAL COMMITTEE
IN SEPTEMBER, 1945

THE ARMY SEPARATION PROCESS

The Army, in collaboration with the United States Public Health Service, for the past year, has studied the problems to be expected in the separation from the service of soldiers with venereal disease. The program resulting from this study, now in operation at all Army Separation Centers, is as follows:

1. All soldiers are examined for any evidence of venereal disease during the final separation physical examination which is given within the 48 hours prior to separation.
2. All soldiers found to have infectious venereal disease of any type, or complicated venereal disease, are retained in the Army and treated until cured or non-infectious.
3. A blood serologic test for syphilis is performed by the Army on all soldiers during the final physical examination in order that any soldiers with latent syphilis may be discovered. The results of this test are passed on to the United States Public Health Service which in turn notifies State health departments that the soldier in question needs further diagnostic studies and possibly treatment.
4. The United States Public Health Service abstracts and forwards to state health departments pertinent information on those soldiers who have had syphilis while in Army service, have been treated and are non-infectious, but will require further observation following discharge to determine cure or failure.

The most recent adjunct to the above plan, now being effected, is the assignment by the United States Public Health Service to each Army Separation Center of a full time representative. The duties of this man are to interview each separatee who has a positive blood serologic test for syphilis but does not have a history of previously treated syphilis infection or clinical evidence of the disease. The separatee is informed of the abnormal blood test, of the need for further studies and observation, and where such services are available.

DEMobilIZATION AND THE CIVILIAN VD PROGRAM

There has been considerable publicity lately as to the effects demobilization may have on civilian venereal disease control programs. For the past several years the strength of the Army alone has been over 8,000,000 and of all military forces over 12,000,000. These 12,000,000 men are in the age groups with the highest expected incidence of venereal disease, namely, 18 to 38.

In fact, they represent over half the total male population of the United States in these ages, the ages which are of the most concern in venereal disease control. During their military service and right up to now, the following venereal disease procedures have been applied by the military forces:

1. An intensive and compulsory education program on the nature of the venereal diseases and the methods for their prevention.
2. Provision of adequate prophylaxis materials and facilities.
3. An extensive case finding program carried out by education on the desirability of early treatment, plus a compulsory monthly physical inspection to discover concealed infections.
4. Treatment of all military personnel discovered to have venereal disease, their quarantine during the infectious period, and adequate follow-up to determine cure.
5. Obtaining from each infected soldier such information as is available regarding the source of his infection or persons he exposed, and the referral of this information to health departments of competent jurisdiction, in order that sources of infection may be uncovered and treated.

During the next year, these responsibilities will pass from the military to the civilian. To accomplish these responsibilities adequately, a large number of enlisted men and officers have devoted a great deal of time and effort. It is self evident that the return to civilian life of over half of the male population in the age groups with the highest expected incidence of venereal disease will appreciably increase the duties and responsibilities of civilian health departments.

ARMY-TRAINED PERSONNEL FOR CIVILIAN PROGRAM

Fortunately there will also be demobilized during this same period a large number of highly qualified medical officers and enlisted men experienced in the control of the venereal diseases who will be available to the civilian health departments in the expansion of their programs.

THE ARMY VENEREAL DISEASE EDUCATION PROGRAM FOR DEMOBILIZATION

CAPTAIN GRANVILLE W. LARIMORE, MC

*Chief, Health Education Unit, Preventive Medicine Service
Office of the Surgeon General, Army Service Forces*

The demobilization period presents many problems from a venereal disease educational standpoint. Not only is the Army anxious to send men back to civilian life with an adequate knowledge about sex hygiene and venereal disease but it is also equally anxious that the men do not acquire a venereal infection during their last few weeks of service, since an infection at this time could upset their plans for the future as well as delay their discharge. The accomplishment of these objectives is made extremely difficult, first, by the very nature of the demobilization process itself, which is conducted under the greatest of urgency in order to get men back to civilian life as rapidly as possible; second, by the mental attitude of the men themselves who have their thoughts centered almost entirely on getting out of the Army just as quickly as possible. This attitude tends to make them unreceptive to further educational procedures and to a considerable degree toward anything that they feel might in any way delay their getting out of the Army.

In order to meet these problems and to provide some measure of health instruction in the venereal diseases, particularly for those who have been overseas for long periods where opportunities for health instruction of any type have been limited, a demobilization venereal disease educational program has been set up. This program begins when the men are still on the transports on their way home when, if facilities are available, they are shown the Army venereal disease film *Pick-up*. Following their debarkation and before they leave for the reception station they are given a copy of the War Department Pamphlet *So You've Got a Furlough* which contains general information of value to the soldier on furlough as well as a section on venereal disease education. When the men arrive at the reception station nearest their home for processing prior to going on furlough or being sent to a separation center, they will view a series of four venereal disease educational exhibits prepared by the Army Air Forces Personnel Distribution Command in conjunction with the Preventive Medicine Service, Office of The Surgeon General. These exhibits will be displayed in the waiting rooms of the reception stations. They point out the dangers of venereal disease inherent in sexual promiscuity and serve to remind the men that venereal disease can be acquired in this country just as well as any where else in the world. Finally, at both the reception stations and the separation centers where the men report for separation after their furlough, reference is made to venereal disease and

its avoidance in the orientation talks which are given to all men as they pass through these installations.

While a more comprehensive program of instruction might be desirable from the standpoint of venereal disease education alone, it is believed that the program as planned will provide for the essentials of such instruction with the least possible interruption and delay to the demobilization process. A more elaborate program might well bog down completely as the pressure to get soldiers out becomes increasingly acute.

EDITOR'S NOTE

An excerpt from the *Journal of the American Medical Association* of October 6, 1945, summarizing an article, *Does Health Education Prevent Venereal Disease?* by Captain Granville W. Larimore (MC) and Lt.-Col. Thomas H. Sternberg (MC), *American Journal of Public Health*, August, 1945, is pertinent:

The Army's experience with 8,000,000 men has provided an unusual opportunity to evaluate the effect of health education on the prevention of venereal disease. According to Larimore and Sternberg, the Army venereal disease educational program has applied virtually all of the accepted technics of health education. During 1944 the amount of graphic educational material distributed among the troops amounted to 15,000,000 pieces, and film audiences totaled 10,000,000. The program of instruction followed two lines: (1) to impart technical knowledge about venereal disease and (2) to motivate the individual to utilize this information at the time needed for the avoidance of venereal disease. Certain principles have been found essential for the successful use of education. Chief among these are (a) an integrated program, (b) the highest possible quality and attractiveness of all educational materials, (c) abandonment of the pedagogic concept of health education and substitution of a new approach of "health advertising," (d) avoidance of overemphasis of sex and (e) technical accuracy of all materials. It was easier to impart technical knowledge than to motivate the individual to utilize it. The following factors in motivation have been employed and have been found to be effective: fear, intelligence, pride, patriotism. Among the reasons for failure of motivation were (a) the nature of the sex urge itself, (b) "education for venereal disease" afforded by sexy motion pictures, comic strips, pin-up girls and the use of sex in certain advertising, (c) "war psychology," (d) displacement of normal family and social relationships, (e) newer methods of treatment, (f) alcohol and (g) the state of morale. The strictly moral approach to the problem of avoiding venereal disease has been relatively ineffective in the Army. In measuring the results of the program, the authors state that the best single criterion is the extent of utilization of prophylaxis, which at the present time is at the rate of more than fifty million individual prophylactic items per month.

"The Army is cognizant of the upward trend in the incidence of venereal disease in the armed forces and the factors behind it. The control of venereal disease is not alone a medical problem, but one with social, moral, law enforcement, and economic aspects which can only be solved through the close cooperation of all the Federal, State, and community agencies involved."

MAJOR GENERAL NORMAN T. KIRK, (MC)
Surgeon General, U. S. Army

THE POSTWAR SYPHILIS CONTROL PROBLEM IN THE UNITED STATES

J. R. HELLER, JR.

*Medical Director, Chief, Venereal Disease Division,
United States Public Health Service*

The world is now well into the period of postwar reconversion and reconstruction. This of course means that in venereal disease control, as in most other aspects of life, there are new problems to solve and new situations to meet. It is fortunate that many of these problems and situations have been foreseen and plans made for dealing with them. The necessity for this was so apparent that about a year ago, in spite of travel restrictions and other difficulties, a conference on postwar planning was held in St. Louis. To this meeting were invited all persons interested in the field of venereal disease control, and the ideas and opinions of authorities not only of this country but of many other nations were heard and discussed. The meeting was opened by Surgeon General Thomas Parran of the Public Health Service, who set the tone for subsequent discussion as follows:¹

“Unless we begin now to make our plans, our Nation will be found unprepared on this important front during this very critical period of our national history. This conference, therefore, will not map a strategy of defense but rather vigorous offense for the postwar eradication, rather than control, of syphilis and gonorrhea.”

Following this line of thought, the conference made positive recommendations for action wherever sufficient agreement could be reached. Where this was not possible, appropriate committees or agencies were asked to make further study and to recommend action on the basis of their findings.

Since this meeting, the various organizations represented there have been carrying out the plans that were formulated. The American Social Hygiene Association and the Social Protection Division of the Federal Security Agency have been cooperating in efforts to achieve nationwide control of prostitution and in devising technics for the solution of specific local community problems. The military forces have been perfecting demobilization plans to prevent the period between the cessation of hostilities and the resumption of a normal peacetime world from being marked by a rise in venereal disease rates, and to prevent the return to civilian life of men with infections of venereal disease.

¹ Proceedings, National Conference on Postwar Venereal Disease Control, November 1944. Supplement No. 20 to The Journal of Venereal Disease Information. Also Digest of Papers presented, etc. Pub. No. A-584, American Social Hygiene Association..

THE FIGHT ON "VD"

SOME "VD" FACTS



At any one time, there are approximately 2,000,000 persons suffering from syphilis in the U. S.



There are about 200,000 cases of syphilis, a non-venereal disease, and 1,000,000 cases of gonorrhea.



"VD" costs also in tremendous losses from industrial accidents in alcoholism, to wages, taxes.



Penicillin is outstanding success against both diseases which claim and account thousands.



Doctors say "VD" must be tackled on the four fronts of Health, Welfare, Legal and Moral.

SCIENCE is making progress in its war against the ravages of venereal diseases. At a conference of internationally known experts on "VD" held recently in St. Louis under the auspices of the U. S. Public Health Service, this conclusion was reached: That, according to present evidence at least, science has a probable quick cure which works for most people for gonorrhea and a probable cure for 90 per cent of cases of early syphilis, i.e., the most infectious type of the disease.

The outstanding weapon against both diseases is penicillin. The treatment with penicillin is only one of the methods used in 65 "rapid treatment" centers of the U.S.H.S. and state agencies throughout the U. S. Other methods employ arsenic compounds, in combination with bismuth.

Campaigns instigated by public health authorities and community education programs are driving home the message of the indifference of venereal diseases and how it can be avoided. The fight to stamp it out is a hard uphill one. But science and education hope to win the battle.

EDUCATING THE PUBLIC



DR. J. H. MILLER, chief of U.S.H.S. venereal disease division, with army officers pointing out points where syphilis is most prevalent. Procedures on gonorrhea reach to parallel that of syphilis.



GROUP OF WOMEN PATIENTS with no way to recovery in a U.S.H.S. rapid treatment center here being told about the disease. They are urged to report any reactions they may know of.



THE COMMUNITY EDUCATION PROGRAM in Dayton, Ohio, based on venereal disease and in danger, featured wide display of posters in street cars and buses, signs on streets.

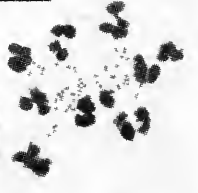


CHECKING THE DANGER. In a specializing discharges the general is instructed to determine from whom the disease has contracted the infection and to whom she should not only have picture of sex.

THE "ENEMIES"



WORM-LIKE THINGS are gonorrhea, or syphilis germ. Average length is 2 to 10,000 of an inch.



SMALLER OF HEAVY BLACK markings, representing S.F. black, and spores that cause gonorrhea.

WEAPONS OF SCIENCE



PENICILLIN, used in syphilis and gonorrhea treatment, is drawn into hypodermic syringe.



THE WONDER DRUG, penicillin, is injected into muscles of patient. Treatment is multiple and weeks.



PREPARING ARSENIC SOLUTION for treatment involving direct discharging into patient's veins.



"HOT BOX," or fever-inducing method of treating "VD." Temperature ranges up to 105 degrees.

ASSOCIATED PRESS AND U. S. PUBLIC HEALTH SERVICE PROMOTE PUBLIC EDUCATION

This full page layout was prepared by the Associated Press in cooperation with the VD Division, USPHS, and was sent out as an AP Newsfeature, which is used by about 80 large daily newspapers across the country.



VENEREAL DISEASE EDUCATION INSTITUTE PUBLICATIONS

The VD Education Institute at Raleigh, N. C., a cooperative project of the State Department of Health and the U. S. Public Health Service under grant from the Smith-Reynolds Foundation, produces a variety of educational materials for both military and civilian use. Above, beginning at upper left and running clockwise, are: a "comic book" story of how prostitution and venereal diseases were combated in one town; a brief, informative booklet on venereal diseases written especially for women; a leaflet about syphilis and "blood tests"; pamphlet partly in form of a letter from a girl in a rapid treatment center, describing what goes on there, and giving general information on venereal diseases; a case-finding leaflet; and a factual leaflet on venereal diseases for teen age boys and girls.

The Public Health Service has drawn together and analyzed the national figures showing the existing problem. The results of these studies have been sent to the State and Territorial Health Officers in order that policies might be formulated and directives given the Public Health Service at the time of the meeting of the State and Territorial Health Officers in April of this year. After full consultation and discussion, the following recommendations were made:

(1) that efforts be intensified to obtain increased cooperation of private physicians in venereal disease control;

(2) that new educational technics be devised and that a wider use of educational methods be made;

(3) that the U. S. Public Health Service sponsor formal college training courses for venereal disease investigators to meet the serious lack of trained personnel;

(4) that an evaluation of the present costs and performance of outpatient clinics be made;

(5) that the Rapid Treatment Center Program be made a permanent part of the general program and that in-patient care be extended to all syphilis patients potentially responsive to intensive therapy, provided that this does not necessitate any curtailment of activity directed toward the control of infectious cases.

A complete report of this meeting was made in the August issue of the *Journal of Venereal Disease Information*.²

The Public Health Service has been giving careful consideration to each of these directives and has been attempting, insofar as possible, to work out feasible plans for the accomplishment of the desired ends. The place of the private physician has always been a field in which better understanding has been needed. To this end many of the editorials appearing in the *Journal of Venereal Disease Information* have been directly concerned with pointing out those parts of the problem which can best be undertaken by the physician. Recent research leading to shortened schedules of penicillin therapy for gonorrhea have made it possible for treatment of this disease to be a simple office procedure, and it is hoped that many more physicians will take active part in this particular phase of the work. In addition, private physicians are being urged to give increased attention to the reporting of new cases coming to their attention and to accept the assistance of trained personnel from their local health departments in obtaining and following up contact information.

Educational technics are being devised and extended chiefly through the work being carried on at the Venereal Disease Education Institute at Raleigh, North Carolina, sponsored by the U. S.

² Heller, J. R., Jr.: *State and Territorial Health Officers Consider the Problem of Venereal Disease Control*. *Venereal Disease Information*, 26:168-175, August 1945.

Public Health Service, the North Carolina State Board of Health and the Zachary Smith Reynolds Foundation. Films, posters and other educational devices are being developed and distributed. Furthermore, widespread education and mass diagnosis techniques have been applied in several large cities in intensive demonstration programs of control, and a number of other cities are contemplating similar projects.

Plans are well under way for three- to nine-month training courses for venereal disease investigators, both men and women, in one or more colleges, and they are being so designed that students, on completion of the courses, will be eligible for employment at the State level under the various State merit systems.

The development of in-patient schedules of therapy for all early syphilis and for specified types of late syphilis lifted a good deal of the treatment burden from the many out-patient clinics that have been established throughout the country. This fact proved opportune, since one of the weakest parts of the general program, and one which was particularly stressed both at St. Louis and at the meeting of the State and Territorial Health Officers, was that of case finding; and the released time of the out-patient clinic personnel could very conveniently be diverted to case finding, diagnosis and referral. Therefore an analysis is being made of clinic costs and functions so that effective redirection along these lines may be given to their activities.

The Rapid Treatment Center Program had originally been a war service, more or less a temporary measure to prevent the spread of infection among military personnel. However, it soon became apparent that it should become a part of the permanent program for generalized control. Specific directives along these lines were laid down by the Health Officers of the States and the Territories, and the Bureau of the Budget and the Congress were approached with requests that funds be made available for this purpose. Funds have been appropriated for 1946 and as rapidly as possible the program is being implemented. In many instances where it has been found impracticable to set up new centers, it has been found possible to rent beds for the purpose of in-patient care for syphilis in already existing facilities. There are now something over fifty centers operating throughout the country and many requests for contracts for beds in other institutions have been acted upon.

One of the big problems confronting health authorities is that of returning servicemen who may have acquired venereal diseases while in the armed forces. However, a close cooperation with the Army is making the task much easier. The Army will treat all infectious cases before separation. In every case, all positive blood reports will be made available to the U. S. Public Health Service for appropriate action. And furthermore, it has been agreed that the Public Health Service may place in each separation center a trained interviewer who will advise and direct those men found to have positive bloods as to where they may receive further diagnosis

and treatment should it be necessary. A procedure having similar aims is now under discussion with officials of the Navy. In this way the civilian population will be entirely protected from infection through returning servicemen.

Through the efforts of the American Social Hygiene Association and the Social Protection Division of the Federal Security Agency, a great deal of attention has been directed recently to the preventive side of venereal disease control through a wider use of welfare and civic organizations. This is a phase of the work with which the Public Health Service is in accord, and our fullest cooperation will be given those community organizations concerned with moral welfare. However, as I said at the St. Louis Conference:

"Our direct responsibility as physicians and health officers is for medical control measures and for dissemination of information about these diseases and their treatment. We recognize the need for and give our support to those programs which are intended to reduce prostitution and provide social welfare services, but their actual operation belongs elsewhere."³

In this article I have attempted to give a brief outline of the current work and immediate plans of the Venereal Disease Division of the U. S. Public Health Service, with special emphasis on broad general plans and policies. It is a truism to say that the size of the venereal disease problem in this country, with all its ramifications and implications, makes it necessary that all the forces of agencies concerned with health, welfare, education and religion be brought to bear upon it. Only with the cooperation of all these groups and many others less well defined, can real control of the venereal diseases ever be achieved. The Public Health Service is pledged to do its part in its own field and to give every assistance within its power to those who are working along other lines toward the same end.

EDUCATION FOR CASE-FINDING

JUDSON HARDY

Consultant, Venereal Disease Division, U. S. Public Health Service

Among official health agencies, there is a steadily growing belief that venereal disease case-finding must be improved and intensified if the promise for genuine control implicit in the newer treatment methods is to be realized.

If there was ever any doubt that education of patient and public is a most effective aid to case-finding, that doubt has been dispelled in recent months by the demonstrations held in New Orleans, Birmingham, and other cities. And yet, anyone familiar with the national control situation must acknowledge that venereal disease

³ See footnote 1.

education—particularly for case-finding purposes—has lagged behind diagnosis and treatment.

Viewed only from the internal workings of the local health department, venereal disease education is a generalized term which encompasses public and patient relations and certain aspects of case-finding and case-holding, prevention, and community action. Education's part in each of these functions is described herewith as briefly as possible.

1. *Public Relations*: Health agencies are better able to secure needed appropriations, legislation and the cooperation of other public and private agencies if there is widespread public appreciation of the need for publicly supported venereal disease control and for the enforcement of those laws and regulations upon which the official program is based. Public relations begins by making available to the public and to special groups, information regarding statistical, scientific and social welfare aspects of syphilis and gonorrhea. With this informative material must go the minimum amount of "interpretation" necessary if full public understanding is to be obtained. Public relations also involve a number of other highly important factors such as the location and appearance of the venereal disease clinic, the manner in which patients and the general public are handled by clinic personnel, and the degree of cooperation attained between the clinic and other official and unofficial agencies and groups.

2. *Case-finding*: The most efficient and economical method of bringing infected persons to the clinic or private physician for diagnosis and treatment is for the individual to report voluntarily as soon as he suspects that he may have been exposed to infection or that certain symptoms may be indicative of an infection. More important, voluntary case-finding is the best method from the public health standpoint in that further spread of infection is reduced to a minimum and the chances for successful treatment are increased. Obviously voluntary reporting for diagnosis must grow out of information possessed by the individual as to mode of spread, symptoms, and diagnostic and treatment sources. Motivation to positive action must also be present. To provide that information and motivation is a function of the health department venereal disease education program.

The two other important case-finding procedures—person-to-person investigation and mass diagnostic surveys—both depend heavily on education of individuals and of the community. These will be discussed in more detail later.

3. *Case-holding*: The amount and quality of venereal disease education provided before and during diagnosis and early stages of treatment very definitely influences the degree to which patients with early syphilis continue their treatment until they have received at least the minimum therapy needed to insure against infectious

relapse. Clinic environment and the attitude and personality of physicians, nurses, and other staff members are even more important in determining whether the lapse rate is held to a minimum. But these are merely less tangible elements of the total educational-public relations policy of the agency. Foreshortened treatment schedules have made the case-holding problem less acute, but it remains a problem requiring careful attention to patient education and patient relations.

4. *Prevention*: Since high prevalence of venereal disease in any community is almost invariably associated with widespread sexual promiscuity, venereal disease control by official health agencies necessarily must support or even demand action by other community agencies in certain non-medical areas. These include reduction of sexual promiscuity by enforcing anti-prostitution laws, by religious and social welfare activities, by public education and by improving the social environment. Experience gained during the war in scores of communities indicates that energetic, constructive community action in most of these fields is usually dependent on community demand, which is in turn based on public education. This education needs the scientific, disinterested support, or even active leadership of the health department, if it is to achieve maximum effectiveness.

The "sterilization" of infectivity through quarantine and personal prophylaxis are measures which may be the direct responsibility of the health department. Physical quarantine for all of the infectious venereal disease cases coming to official notice is obviously impossible and usually is undesirable. Only a small minority among the most flagrantly promiscuous and recalcitrant can be forcibly quarantined. Self imposed "quarantine" can be achieved only through education of individual patients. Since prophylaxis is a highly personal matter, impossible to supervise by law or regulation, it too becomes almost exclusively a process of individual patient education by physicians in clinics and private practice.

From the health department's immediate viewpoint the most important of the above functions is case-finding. Demonstrations of the effectiveness of education for voluntary case-finding have been conducted in recent months in New Orleans, Louisiana; Birmingham, Alabama; Columbia, South Carolina; Norfolk, Virginia; Savannah, Georgia; and a number of other communities. While admittedly experimental, sufficient evidence has been developed from these demonstrations to suggest that case-finding by intensive and continuous public education will play a major role in postwar control. As an example, the New Orleans demonstration brought to clinics and rapid treatment centers in 45 days more cases of gonorrhea than these facilities would normally treat over a two-year period. It was not possible to measure the increase, but it is known that substantially greater numbers of cases were also treated by private physicians. In Birmingham a similar performance was recorded for gonorrhea. In addition, a legally required blood-testing program for all citizens between 15 and 50 was achieved by *voluntary* report-

ing to clinics and physicians. Infectious or potentially infectious cases brought to official treatment sources in a 42-day period in Birmingham were equivalent to the number which would normally be treated in a great many months.

This last performance duplicates experience gained in eight other counties of Alabama. In a number of communities in other states similar evidence exists to indicate that mass serological case-finding is made easier and more effective if preceded and accompanied by public education.

The person-to-person method of case-finding begins by obtaining from every known case of infectious or recently infectious venereal disease the names, addresses, and other identifying data of contacts. It is most effective when educational preparation of the patient is accomplished before or during the interview. The original patient often will not, and in many instances cannot furnish names of contacts unless he is convinced that individual and public health advantages are thus to be obtained. A large proportion of the contacts when located will not submit willingly to diagnosis unless they too can be convinced that it is necessary and desirable. The nurse, social worker or lay investigator who interviews the original patient and the contacts must therefore use educational methods if he or she is to operate effectively.

It should be apparent from the foregoing that the educational phase of venereal disease control by local health departments is too important and time-consuming to be relegated as a spare time function of the clinician or the public health nurse. On the other hand education is so intrinsic a part of every other process in venereal disease control that it cannot be separated entirely and handed over to the generalized health educator. The doctor and the nurses can and must do some of the education. This is inherent in the very nature of their professional work. Where general health educators are available they too must consider venereal disease education as one of their primary duties. But with all three, venereal disease education inevitably will remain a part time activity subordinate to other responsibilities.

Part time work and divided responsibility are major reasons why education is a weak link in the control chain of today. What is needed in the average health department is one person who is held responsible for the detailed planning, and for a considerable part of the execution of a consistent, intelligent, and vigorous educational program that is completely integrated with every other aspect of the control process. This person should be familiar with educational, informational and public relations principles and technics. He should know all about the best materials, equipment and mass media for educational use. He should help the nurse and the educator and the doctor in carrying out their part of the educational program so that their professional time is saved.

In most local health departments this person should also have other duties, preferably closely related to his educational activities. As

has already been pointed out, the venereal disease control function most closely allied to education is case-finding; the second is day-to-day liaison with those other community agencies and interests involved in case-finding and prevention activities.

This person already exists. He is known by various names—in some states he is the male investigator, in others the lay follow-up worker. At the Wartime Conference for Venereal Disease Control in Hot Springs, Arkansas, in 1942, Dr. Malcolm Merrill described him and his place in the wartime control program of California. Subsequently, his numbers grew steadily until he became an indispensable member of the health department staff in scores of communities where the war had created an acute venereal disease problem.

Recently, the author was given the assignment of initiating a nationwide survey of the duties of the lay investigator. Purpose of the survey was to determine what part, if any, these somewhat unsung workers might play in the postwar control program. The survey is not yet completed and no official decisions have been made, but enough evidence has been gathered to suggest that our hope for bringing venereal disease under control in the reasonably near future depends considerably on how soon hundreds, perhaps a thousand or so, additional case-finders are hired, trained, made responsible for venereal disease education, and put to work right down where the venereal disease problem really exists.

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"We must not fall into the error of thinking that promiscuity and prostitution should be corrected only to prevent venereal disease. Prostitution is also a social and economic evil, and like promiscuity, threatens the basic unit of our society, the American family. If ever in our time we are going to clean up the situation, now is the time to do it."

THOMAS PARRAN,
Surgeon General, United States Public Health Service

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Status of the May Act.—"Is the May Act still in effect, now that the war is over?" This query has often been heard of late. The answer is "Yes." The May Act remains in force until May 15, 1946. Only a specific proclamation by the President, or a concurrent resolution by Congress can change this date.

Meantime discussion is under way with Congressman Andrew J. May, sponsor of the Act and Chairman of the House of Representatives Committee on Military Affairs, and with other members of the Committee, concerning means of insuring continued cooperation between local, state and Federal government in a consistent policy of prostitution repression.

Interdepartmental Committee on Venereal Diseases Meets.—Problems relating to demobilization were discussed by the Interdepartmental Committee on Venereal Diseases at an all-day meeting held in Washington on September 12. This Committee, organized in 1942 to report directly to the Secretary of War, the Secretary of the Navy and the Federal Security Administrator, comprises members from the Army, Navy and Federal Security Agency, the Department of Justice and the American Social Hygiene Association. Members are:

War Department

General Staff: Lt. Col. Ernest B. Jones.

Office of the Surgeon General: Brigadier General James S. Simmons, Chief, Preventive Medicine Service; Lt. Col. Thomas H. Sternberg, Chief, Venereal Disease Division.

Navy Department

Bureau of Naval Personnel: Captain T. J. O'Brien, Director of Welfare; Commander W. W. Finke, Director of Dependents' Welfare.

Office of the Surgeon General: Captain O. L. Burton, Chief, Division of Preventive Medicine; Commander John W. Ferree, Officer in Charge, Venereal Disease Section.

Federal Security Agency

Watson B. Miller, Administrator.

U. S. Public Health Service; Dr. R. C. Williams, Assistant Surgeon General, Bureau of Medical Service; Dr. J. R. Heller, Jr., Director, Venereal Disease Division.

Social Protection Division: Thomas Devine, Director.

Department of Justice

Federal Bureau of Investigation: Edward H. Tamm, Assistant Director.

American Social Hygiene Association

William F. Snow, M.D., Chairman, Executive Committee.

Governor McNutt is Reappointed High Commissioner to the Philippines.—On September 6, President Truman nominated Paul V. McNutt, Chairman of the War Manpower Commission since its establishment in 1942, and Federal Security Administrator since this agency was created in 1939, to return to the Philippine Islands as High Commissioner. Gov. McNutt held this post from 1937 to 1939. He left on November 18 to take up the new-old assignment, with a number of persons who serve on his staff. His duties will include supervision of all activities of the U. S. Government in rehabilitation of the Islands, including the implementation of the findings of the Commission on Health and Rehabilitation of the Philippines, which he headed, and the preparation of the people for early independence.

That Governor McNutt will be welcomed back as much as he will be missed in Washington is evidenced by comments of Philippine officials. Brigadier General Carlos P. Romulo, Resident Commissioner of the Philippines, said "no more ideal man" could have been chosen, and stated that Sergio Osmena, President of the Philippine Commonwealth, has asked him to express to President Truman his gratification at "this excellent choice."

Watson Miller Becomes Federal Security Administrator.—To succeed Governor McNutt as head of the Federal Security Agency, President Truman named Watson B. Miller, Assistant Administrator since early in 1941. His nomination was confirmed by Congress on October 11. Mr. Miller came to FSA by way of 18 years' work with the American Legion, following service as a Captain in the Motor Transport Corps in World War I. As Director of the Legion's National Rehabilitation program Captain Miller became widely known and experienced in social welfare matters. During Governor McNutt's double assignment as War Manpower Commissioner and FSA head, the Assistant Administrator has shouldered the major responsibility in the latter job, and is amply qualified to carry on. His personal popularity and extensive acquaintance, plus seasoned judgment, assure a successful administration.

As Assistant Administrator, to fill the position formerly held by Mr. Miller, Maurice Collins, formerly of the Veterans' Administration, has been appointed.

Agencies functioning under the Federal Security Agency include the U. S. Office of Education, the U. S. Public Health Service, the Social Security Board, the Food and Drug Administration, and Office of Vocational Rehabilitation.

International Association of Chiefs of Police Has New Headquarters Manager.—Executive Secretary Edward J. Kelly has appointed Paul Fulcomer as his assistant and office manager of IACP Headquarters in Washington, D. C., effective September 1st. He will succeed Mrs. Alice C. Pitcher, who is retiring from business life.

Mr. Fulcomer joined the IACP Safety Division staff in 1942 as acting director of publications and during his two years in that post has handled publicity and radio contacts at the Association's annual conferences and State

Section regional meetings. He resigned to become night news editor and news announcer at Radio Station KVOO, Tulsa. Later he served as chief of the speakers' section, department of public information, at the American Red Cross mid-western area headquarters office in St. Louis.

Mr. Fulcomer left a copy desk job on the Chicago Journal of Commerce when he joined the IACP Safety Division staff, and prior to that time had several years' newspaper experience. He received his college training at Huron College, South Dakota, and Northwestern University.

Mrs. Pitcher was employed by the Association in July, 1936, as a staff member of the Service and Publications Office, maintained in Chicago prior to establishment of a permanent headquarters office for the purpose of promoting membership and compiling publications of the Association. When the IACP Headquarters was set up under provisions of the new constitution adopted in 1937, she was named office manager and has served continuously since that time. The best wishes of a host of friends and associates who have had the benefit of her capable cooperation follow her into private life.

The IACP has announced that its Annual Meeting will be held in Miami, Florida, December 10-13.

Navy Appointments.—Chaplain William N. Thomas (Rear Admiral) has been appointed Navy Chief of Chaplains, succeeding Chaplain Robert D. Workman, who had filled that post for two four-year terms. Chaplain Thomas has served 27 years as a Navy Chaplain, and is well known in the service and in his own denomination (Methodist). He was born in Mississippi, and attended Millsaps College, Jackson, Mississippi, and the Divinity School, University of Chicago. Entering the Chaplaincy in 1918 he has since served many stations in this country and at sea. During World War I he was awarded the Victory Medal with Bronze star. He has served at the Naval Academy at Annapolis since June, 1933.

New head of the Division of Preventive Medicine, Navy Bureau of Medicine and Surgery, succeeding Captain T. J. Carter, MC, USN, who has been assigned to head Guam Hospital in the Pacific, is Captain O. L. Burton, MC, USN.

Captain Burton served in the Hospital Corps aboard the *U.S.S. Mercy* from 1919 to 1922, before studying for his B.S. degree at the University of Alabama and M.D. at the Northwestern University Medical School. He also has an M.P.H. from Johns Hopkins University School of Public Health and Hygiene, and has completed the basic course at the Navy Medical School, and a course in industrial hygiene at the Harvard University School of Public Health. He has served aboard the *U.S.S. Arkansas* and the *U.S.S. Antares*, and was Senior Medical Officer on the *U.S.S. Iowa* from 1943 to 1945. From 1940 to the latter part of 1943, he was in charge of the Section of Industrial Health, Bureau of Medicine and Surgery, serving in 1942 and 1943 also as assistant to the Chief of the Division of Preventive Medicine. He was assigned as Chief of that Division on June 29, 1945.

"Traveling Conference" Has Successful Tour.—A team representing the five national agencies which have spearheaded the attack on venereal diseases and prostitution during wartime took to the

road during the month of October to get first hand information and confer generally on postwar needs and program in the Western States. Members of the group were Medical Director J. R. Heller, Jr., Chief, VD Division, U. S. Public Health Service; Thomas Devine, Director, Social Protection Division; Lt. Col. Thomas H. Sternberg, MC, Director VD Control Division, Office of the Surgeon General of the Army; Commander John W. Ferree, MC, in charge, Venereal Diseases Section, Navy Bureau of Medicine and Surgery, and John Hall, ASHA Field Representative.

State and local health and law enforcement officials, with the cooperation of social hygiene societies, health committees and social protection committees, furnished sponsorship for the "traveling conference." The itinerary included Salt Lake City, Utah; Reno, Nevada; Boise, Idaho; Seattle and Tacoma, Washington; Portland, Oregon; and San Francisco, Los Angeles and San Diego, California.

American Education Week Celebrates 25th Anniversary.—*Education to Promote the General Welfare* was the theme for this nation-wide observance which is the occasion for taking before the people of the nation's communities the great educational issues of the day.

Sponsored jointly by the National Education Association, the American Legion, the U. S. Office of Education and the National Congress of Parents and Teachers, each day of the week had a special emphasis. *Emphasizing Spiritual Values, Finishing the War, Securing the Peace, Improving Economic Well-Being, Strengthening Home Life, Developing Good Citizens and Building Sound Health* were the topics suggested. As usual, attractive and convincing materials were provided to aid in carrying out the program. These included, *It Pays*, a 16 page leaflet built around the fundamental point made by the U. S. Chamber of Commerce in its report *Education—an Investment in People*; and *Education—a Mighty Force*, a new pocket size edition of this popular publication.

Lyle W. Ashby, Associate Director of the National Education Association, was in charge of details of Education Week.

Erratum.—Page 354, June JOURNAL OF SOCIAL HYGIENE, stated under the heading **Public Health Service Liaison Officers for U. S. Army Service Commands**, that no assignment had been made for the First Service Command. The Editor regrets the omission of the name of Senior Surgeon E. E. Huber as covering this assignment, his appointment having been effective in the autumn of 1944. Headquarters are at the Boston Army Base.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director Community Service, American Social Hygiene Association

New Hampshire: State Social Hygiene Association Incorporates.—

On October 22 at a dinner meeting at the Hotel Carpenter in Manchester the New Hampshire Social Hygiene Association, which has grown out of the State Social Hygiene Council set up two years ago, voted to incorporate as a state-wide organization and adopted a constitution and by-laws. The purposes of the new Association are stated as:

1. The preservation of the home.
2. The protection of the institution of marriage.
3. The better adjustment of parents among themselves and with their children.
4. The rehabilitation of broken homes.
5. The development of higher ideals in the social relations of boys and girls.
6. The prevention of juvenile delinquency.
7. The rehabilitation of juvenile delinquents.
8. The improvement of community health.

Officers are: Honorary president, Dr. H. W. N. Bennett; president, Judge Alfred J. Chrétien; vice-president, Attorney John P. Carleton, all of Manchester; recording secretary, Dr. Edward W. Colby of Concord; executive secretary, Mrs. Glenn Wheeler of Bristol.

Directors are: John P. Carleton, Manchester; Dr. Colby, Concord; Prof. Charles Coulter, Durham; W. Willard Hall, Concord; James M. Langley, Concord; Rev. James E. McGreal, Manchester; James F. O'Neil, Manchester; Louis X. Gonyer, Manchester; Joseph W. Apply, Manchester.

An impressive Board of Honorary Directors includes: Gov. Charles M. Dale; Bishop Matthew F. Brady, Manchester; Bishop John T. Dallas, Concord; Dr. Harold W. Stoke, president, University of New Hampshire; Huntley N. Spaulding, Rochester; Robert W. Upton, Concord; Mrs. LaFell Dickinson, Keene; Mrs. Robert P. Bass, Peterborough; Brig. Gen. Charles F. Bowen, Manchester; Lawrence F. Whittemore, Pembroke; and an Advisory Committee includes representatives of thirty state associations.

Dr. Helen I. D. McGillicuddy, Educational Secretary of the Massachusetts Society for Social Hygiene, addressed the dinner meeting on *Boy-Girl Relationships*. Mrs. James Warren Sever, ASHA Field Representative of Cambridge, Massachusetts, who has been assisting the new society in planning its program, was also present.

New Jersey: A Sunday Morning Class for Parents in Camden.—

Dr. Mabel Grier Leshner, specialist in family life education, Chairman of the Advisory Committee on Social Hygiene Education of the New Jersey State Department of Public Instruction, Social Hygiene Chairman of the New Jersey Congress of Parents and Teachers, and ASHA Educational Consultant, has started a class for parents of pre-school children to be held at the North Baptist

Church of Camden every Sunday morning for the ten-week period October 14th to December 16th. While their parents attend the class, arrangements have been made for care of the children in the church nursery.

The class has been formed to help fathers and mothers in their planning for the step-by-step development of the child in the important first five years of life. Among the things to be considered will be the answering of little childrens' questions, early training in self control, the establishment of health habits, and the handling of behavior problems. The class is sponsored by the North Baptist Church, Clayton L. Williams, pastor, as a public service to the community, without regard to racial or religious background. For further particulars address the pastor at Linden and Fourth Streets, Camden, N. J.

New York: State Council of Churches Discusses Marital Problems at Annual Convention.—Dr. Leland Foster Wood, Secretary of the Federal Council of Churches Committee on Marriage and the Home, was one of a travelling team of fourteen men and women who conducted panel discussions and seminars on the church and the home in ten New York State cities during the month of September. These seminars, held under the sponsorship of the State Council of Churches, have proved a most successful way of holding the Council's Annual Convention.

The Committee on Marriage and the Home "exists for the purpose of encouraging churches to give more study to the foundations upon which good homes are built." Special consideration was given at these statewide conferences to the marital problems of returning servicemen.

New York City: Harlem Organizes New Social Hygiene Group.—We are happy to welcome to the number of our affiliates the newly formed Harlem Council on Social Hygiene. The predominately Negro community of Harlem with its large population located in a small area exhibits all of the health problems characteristic of such a group and area, including an extremely high venereal disease rate. These conditions have been intensified by the war and it was wisely realized that unless some controls were established the postwar period would bring even more serious problems. Thus five organizations * concerned with Harlem's health and welfare problems met, formed the Council and initiated a central coordinated program to attack the increasing prevalence of venereal disease. The aim of the Council is

"to inaugurate and maintain a united program, directed by representatives of all types of community groups, operated under a central pool of resources, and covering the fields of health education, medical care, and social protection."

Officers of the Harlem Council on Social Hygiene include Augustine A. Austin, Chairman; Dr. Norman H. Pritchard, Vice-chairman; Clarence D. King, Vice-chairman; Mrs. Ruth Brown Price, Vice-chairman; and Roger F. Gordon,

* The Central Harlem Health Center of the Department of Health, The Harlem Committee of the New York Tuberculosis and Health Association, The West Harlem Council of Social Agencies, The Manhattan Central Medical Society and The Harlem-Riverside C.D.V.O.

Executive Secretary. The Executive Committee includes Dr. Norman H. Pritchard, Chairman; Mrs. Anna J. Weir, Secretary; Augustine A. Austin, Mrs. Mattie L. Irving, Miss Dolly Lowther, Clarence D. King, Cornelius McDougald, Frank C. Montero, Mrs. Ollie S. Okala, Samuel Patterson, Dr. Oma H. Price, Mrs. Ruth Brown Price, Mrs. Ruth Logan Roberts, Rev. Shelby Rooks, Dr. Gerald Spencer and Dr. Maysil M. Williams.

Ohio Pronounces Its New Prenatal Law Workable.—As stated in the September *Social Hygiene News* and the October JOURNAL, Ohio is one of the states to adopt a law in 1945 for prenatal examinations for syphilis.

Cleveland VD Information, issued by the Joint Social Hygiene Committee of the Academy of Medicine and Cleveland Health Council, in its September number takes opportunity to do some public education regarding the new law.

"On August 22, 1945, the Prenatal Law becomes effective in this state. Ohio becomes the thirty-fourth state to have such a law.

"It is felt that this is a step forward in venereal disease control, for through it could be attained the great goal of practically eradicating 'congenital' (prenatal) syphilis. Our next step is to work with those agencies which have for years been urging pregnant women to consult a physician early in pregnancy. Many women still delay going to a clinic or physician until just before their babies are born.

"The law is workable. This fact has been proved in other states which have a similar law. There are now fourteen laboratories in this county which have been approved by the State Department of Health for doing premarital and prenatal blood tests. It is expected that several other hospital laboratories will be approved in the near future. Indigent patients may have their blood specimens run by the State Department of Health laboratory free of charge.

"Ninety-five per cent of congenital syphilis could be prevented if women would only consult a physician early in pregnancy and follow his advice."

Ohio: Dayton Social Hygiene Association Elects Officers.—At their regular annual meeting held on September 26th, the following persons were elected to serve as officers, Board of Directors, and Advisory Board members of the Dayton Association for the ensuing year:

Officers

Orel J. Myers, President; Jay William Holmes, Vice President; Glen Massman, Treasurer; Florence J. Sands, Executive Secretary; Mrs. Russell Arnold, Executive's Assistant.

Board of Directors

Mrs. Russell Arnold, Carl Burger, Dr. J. M. Chase, Mrs. C. N. Chrisman, Philip C. Ebeling, Mrs. Fred Geyer, Mrs. A. Gordon Harris, Mrs. Howard H. Heeter, Jay Wm. Holmes, Mrs. George H. Leland, Father Edwin M. Leimkuhler, S. M., Rev. Fay Le Meadows, Dr. J. Grant Marthens, Orel J. Myers, Glen Massman, R. Wm. Patterson, Samuel H. Thal, Walter E. Wiley, Dr. H. H. Williams, Judge William C. Wiseman, Rabbi Louis Witt, Mrs. Gus Wonka, Elwood E. Zimmer.

Advisory Board

John F. Ahlers, Dr. Sterling H. Ashmun, Arch Barrett, John Breidenbach, C. C. Bussey, Mrs. Christine Carter, Grant Cornelius, Glenn L. Cox, Dr. R. H. Davis, Monsigneur Chas. A. Ertel, Samuel Finn, Rev. Harvey C. Hahn, Chas.

F. Kettering, E. L. Kohnle, Louis W. Lohrey, Emerson H. Landis, David H. Margolis, Judge Robert U. Martin, Representative Leslie J. Meyer, Robert Moody, Otto Moosbrugger, Judge Frank W. Nicholas, O. N. Olsen, Dr. H. H. Pansing, Osa Penny, Dr. Merrill D. Prugh, Judge Paul Sherer, D. L. Sollenberger, Rev. R. Forest Stoneburner, Milton Wagner, Paul W. Williams, Dwight E. Young.

Oregon: State VD Center Chosen for Study.—From the August 29th issue of the *Oregon Health Bulletin* we learn of the announcement by Dr. W. H. Aufranc, Oregon Venereal Disease Control Officer, that the state VD Treatment Center has been selected by the U. S. Public Health Service to conduct a special study on the intensive treatment of asymptomatic neurosyphilis.

Dr. Fred W. Harb, Medical Director of the Oregon Center, has gone to Ann Arbor, Michigan, for special orientation before beginning the study.

Rhode Island State Social Hygiene Association Set Up.—Rhode Island has added to the social hygiene strength of New England by planning for a new state-wide Association. This action took place at a preliminary meeting on October 5 at the Plantation Club in Providence with Mrs. James Warren Sever, ASHA Field Representative, and Bascom Johnson, ASHA Director of Legal and Protective Services, participating as consultants. On October 19 another meeting elected an Executive Committee of 15, including:

The Rev. Charles C. Curran, director of the Diocesan Bureau of Social Service; Mrs. Charles F. Towne, president of the R. I. State Federation of Women's Clubs; Mrs. Paul L. Gould, president of the R. I. Congress of Parents and Teachers; Dr. John J. Kenney, president of the R. I. Medical Society; Miss Alice W. Hunt, chairman of the Consumers Conference Committee of Rhode Island; Miss Nellie Dillon, Providence District Nursing Association; Dr. B. Earl Clark, president of the Providence Medical Society; Dr. Raymond McAteer, of the State Department of Health; Dr. Hilary J. Connor, Superintendent of Chapin Hospital; Miss Phoebe Perry, Westerly; Mrs. T. Stuart Little, Pawtucket; Miss Ruth Franklin, Newport; Mrs. Winthrop Field, Cranston; Miss Alice Jackson, Providence YWCA, and Miss Mary Basso of the Congress of Parents and Teachers.

The purpose of the Association is:

1. To reduce juvenile delinquency.
2. To aid in the establishment of better boy and girl relationships.
3. To promote adequate education on a long term basis for both parents and children.
4. To lessen the community hazards to youth.
5. To stimulate communities to provide adequate recreational facilities.
6. To inculcate better standards for family life.
7. To insist that laws controlling vice are enforced.
8. To check venereal diseases and sexual promiscuity.

President of the new group is Dr. Hugh E. Kiene. Dr. B. Earl Clark is vice-president, and Miss Mary Basso, secretary. It is expected that an executive secretary will be employed soon.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

“YOU AND YOUR HEALTH”

Anatole France once concluded a lengthy letter to a friend with the remark that if he had had more time the letter would have been shorter. This truism expresses volumes on the subject of health education.

It takes time to prepare material which is simple and brief. The four page tabloid-leaflet, reproduced on following pages, is the result of a year of questioning and mulling around in the field.

Two large segments of our population are gathered together in groups under one roof day after day and thus offer a ready made opportunity for mass education. Millions of young people spend the best hours of their days in school and colleges; millions of men and women who work for a living gather together daily on the job and occasionally at their trade union meeting halls. The challenge of educating industrial workers to greater health consciousness is receiving more serious consideration by an increasing number of health and welfare agencies.

THAT EDUCATION MAY EDUCATE

A few principles of mass education in industry are rising to the surface. Men and women who have worked in the field agree that above all the approach must be simple; an elaborate program no matter how good it may appear on paper will be doomed to remain there. Printed material must not only be simple and brief, if it is to be read, but must be colloquial in style and related to the problems and background of the audience for which it is intended.

It has been found further that even the best of programs if handed down from the front office are not always accepted with open arms by employees. An effective program in one way or another must enlist the active participation of the workers so that it becomes their own. Finally, such a program, even when initiated and sponsored by a voluntary agency, should have a close tie-up with public health treatment and service facilities and the medical profession.

Suppose, then, that such an ideal program is put into operation in a firm or plant, how could its effectiveness be evaluated? Only by the practical steps for health protection and treatment taken by management and by workers collectively and individually. Naturally, the heightened health awareness acquired by reading literature and seeing movies is all to the good. But if, for instance, a group in a plant has read, discussed and assimilated information on the prevention of colds, the real test of achievement must be whether draft hazards in the plant will be eliminated and heat from

YOU *and* YOUR HEALTH

At your service for worth while living

Penicillin Joins The Ranks...



... in the fight for better health

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An Editorial

THINK IT OVER

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Myths Exploded

The Facts Are:

- Co-workers Are No Menace
- These Germs Not Spread At Work

QUESTIONS ANSWERED

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STORY OF THE MIGHTY MOLD

By
Ripley

Page 2

Introducing



MATERIA MEDICA'S
BREEZY SAGE

Page 4

MIRACLE DRUG is now AVAILABLE for CIVILIANS

The problem of mass production has been solved and penicillin, the miracle drug, is being supplied to doctors, clinics and hospitals for civilian use.

Though antibiotics have been used for years, penicillin added to the many drugs and treatment methods a good doctor can now cure more effectively and quickly cure gonorrhea and syphilis or cure rapidly two diseases which are plaguing more than millions of uneducated and uneducated men and women. The doctors emphasize, however, that these must be had under treatment as early as possible and before serious harm has been done to the patient by the infection. "The earlier penicillin is administered, the more certain is the result."

But even this new term-killing drug is of no value if those suffering from venereal diseases do not take the necessary steps to rid themselves of their infections. It is the constant warning of health authorities. They emphasize that such diseases are curable when it comes to gonorrhea and syphilis, but that it takes medical knowledge and laboratory analysis to know for sure.

QUACKS IN BOTTLES

Convinced the public needs warning for the sale of quack penicillin, public and private medical men advise against the purchase of "sure cures" no matter how popular the claims about them. To people who jump their readily, these authorities say:

"Never attempt self-treatment with similar drugs or penicillin. In event you can get hold of them, get out a doctor's prescription. Based without medical supervision these drugs may cause serious harm."

Always "cures" offered by mail in a plain envelope and by private "mailmen" or "specialists" who divert in sales on the streets and even in some newspapers.

It is further pointed out that the safe, sure way to cure syphilis or gonorrhea is the cheapest and quickest way. Expert laboratory examination for VD, including treatment with penicillin, is now available and within the means of everyone through private doctors or public clinics.

Mighty MOLD for the MILLIONS
Believe It or Not! by *Boxey*



DOCTOR
JOHN F. MAHONEY
DIRECTOR OF RESEARCH
U.S. MARINE HOSPITAL, STATEN ISLAND, N.Y.
WAS THE FIRST TO PROVE PENICILLIN
A POTENT DRUG AGAINST GONORRHEA
—AND EARLY SYPHILIS.



USED BY THE ARMY AND NAVY OF PHYSICIANS
PENICILLIN THE MIGHTY MOLD WILL SAVE MILLIONS OF LIVES
IT ACTS AGAINST A WIDE RANGE OF DISEASES — INCLUDING GONORRHEA, SYPHILIS AND PNEUMONIA



Myths Must Be Discarded

VD IS NOT SPREAD ON JOB

PORTRAIT OF A KILLER

Those caricature-shaped things below are myths. They are superstitions, the terms that produce a phobia—a leading cause of death in the United States, according to the U. S. Public Health Service and the American Social Hygiene Association. Blood tests, together with a medical examination, help the physician detect hidden infection.

Untreated syphilis may attack any organ of the body, causing insanity, heart disease, and other tragic conditions, as well as death. It is estimated that 3,200,000 people in the United States have syphilis. Hundreds of millions of dollars in wages are lost unnecessarily each year by people with untreated syphilis and gonorrhea.

Gonorrhea, known as the "copper," should not be confused with syphilis. It attacks from 3 to 7 times as often as syphilis does. Untreated gonorrhea can cause permanent disability, and can prevent men and women from having children.



The laboratory technician in the photo above is shown performing what is known as a darkfield examination. This type of examination is used to detect the presence of syphilis germs in the earliest stages of the disease.

Answers to \$64.00 Questions

- Q. How do people catch syphilis and gonorrhea?
A. Syphilis and gonorrhea are spread almost exclusively by sex contact, even if acquired indirectly from an infected husband or wife. Infected mothers can pass the disease on to their children at birth.
- Q. Is there a danger that syphilis and gonorrhea can be caught by those working alongside infected people?
A. No, there is no danger in indirectly passing the disease. Infected people working on their jobs. They need not fear that they can get these diseases from such objects as drinking glasses, knives, forks, wash basins, towels, toilet seats, coats and machines handled by infected people. Of course, ordinary rules of good health and cleanliness render that advice needless. Wash hands and so forth, and don't share a toothbrush. However, medical experience has proved that, except possibly in extremely rare cases, syphilis and gonorrhea are not spread through contact with objects like those just listed.
- Q. These are medical facts which hold true for everyone, male or female, white or colored, old or young, rich or poor.
Q. Why can't I guarantee "objects" spread venereal diseases?
A. There is a single scientific reason for this. The disease germs do not live outside the body. That is, they die in the air, on water, or on any disinfectant and they do not live in food or other things spread by objects.
- Q. Are syphilis and gonorrhea the same?
A. No. They are different diseases. Syphilis is caused by a germ known as a spirochete. Gonorrhea is caused by a germ known as a gonococcus.
- Q. What is the best way to prevent the spread of venereal diseases?
A. Since these diseases are spread mainly by sex relations, discontinue sexual relations. It is the best protection in the case of the venereal diseases. That's one of the many reasons why girls and women must look to pleasure and their must not only satisfy but also protect. The girls, pick up, and give other men form of promiscuous sexual relations.
- Q. What are the symptoms of syphilis or gonorrhea?
A. A hard chancre on the parts of the body exposed to infection. This is the first symptom of syphilis. However, in some cases, the chancre may be so small as not to be noticed or so located where it cannot be seen. After a few days, even without treatment, the sore disappears. But the syphilis germ is still in the body. Later on a rash covers the surface of the body. This rash goes away, after a while. But the disease is still present. The chancre first appears as a small sore, a big hard chancre on the penis, which is followed by a small sore on the throat. The disease then enters the blood. Following the acute stage, men often feel no more pain. They feel better, often feeling to the point of being careless. Only a few men, after a few days, feel a little better. But the disease is still present. The chancre first appears as a small sore, a big hard chancre on the penis, which is followed by a small sore on the throat. The disease then enters the blood. Following the acute stage, men often feel no more pain. They feel better, often feeling to the point of being careless. Only a few men, after a few days, feel a little better. But the disease is still present.

3 Ways UNIONS can help STAMP OUT VD



1 EDUCATION



2 CASE FINDING



3 TREATMENT

By Education We Mean that your union and you are in a good position to reveal the facts so necessary to correct wrong-headed ideas by the uninformed. For too many years, the truth about the venereal diseases was taboo. Prejudice, ignorance, and misinformation were accepted as facts. Now, through carefully prepared pamphlets, posters, movies, as well as talks delivered by qualified speakers, you can see the facts which may be of great benefit to yourself, your family, and your community.

The officers of your union can learn from your local health department, Social Hygiene Society or the American Social Hygiene Association, 1790 Broadway, New York 2, N. Y., the literature and films that are needed to make your campaign successful.

By Case Finding We Mean that the knowledge and experience of your doctor for the clinics provided by your local state health department. The doctor will tell whether or not you have syphilis by a blood test and physical examination. The first symptoms may be overlooked and then disappear in a few weeks or, in some instances, may not appear at all. Yet the syphilis germs are still breeding and they develop into a disease which may be fatal to the healthy people who had syphilis without knowing it.

As for discovering a laboratory examination procedure in many hospitals, the essential information which the doctor must have for making a sure diagnosis.

Remember, every mass blood-testing survey finds many infected persons who had no idea they have syphilis. Thus it is the duty of every individual to take part in such a program and know for sure.

By Treatment We Mean that union members infected with a venereal disease must take advantage of modern treatment by competent, private physicians of all clinics and routine treatments until they are declared cured.

In most cases treatment by the older methods can be so arranged as to permit the worker to stop on his job while being treated. In these cases of syphilis would not be treated with penicillin. It may be necessary to move into a hospital ward at the present time this treatment is usually given in a hospital.

To give you an idea of how pernicious is syphilis to the people of venereal diseases, in an amazingly short time, note the following information:

Penicillin cures most cases of gonorrhea in four hours. Compare this with previous treatment which lasted for three months or longer, was often difficult or painful and sometimes did not cure.

Penicillin may cure early syphilis in nine days. Compare this with previous treatment of several and lengthy lasting injections and more.

Important note: Government and private medical reports have shown that with penicillin it is extremely important to follow the doctor's instructions even after treatment is finished. For example, the amount of penicillin needed to keep syphilis in check is sufficient in case, possibly, tell it is enough to save the victims of that disease. Therefore, doctors have

serious work for several months in a row after that syphilis was not cured by the previous treatment. In addition, when the doctor is used to treat syphilis, the doctor will usually come out of the hospital as a doctor after all. It is also very important to see some one who has been cured by the old way and absolutely not to be permanently cured.

Editorial

Think It Over

The truly remarkable healing powers of penicillin are discussed in these pages. We don't intend to minimize these powers, nor do we want to exaggerate them or to suggest that other drugs and treatment methods are no longer important.

Surely penicillin gives comfort against early syphilis and gonorrhea. It is also potent against the disease in its later stages as blood poisoning. Yet that doesn't mean that people in their right minds will put on steel and broken glass. Medicine simply doesn't offer a substitute for clean, sensible living. It doesn't really rid the danger of syphilis and gonorrhea, the victims of folly.

Penicillin is not an invitation to sexual promiscuity. When confined to the words, it is more than likely to be so by its words, that bring harm.

Written on this subject, Dr. Thomas Parran, Secretary General of the United States Public Health Service, said it is a tragedy that the recent progress in the treatment of VD has not, in any way, reduce the need for building and intensifying the efforts to reduce promiscuity.

Penicillin treatment is only for the sick. People who put penicillin on their plucky but weak skin, up on the sick skin with the venereal disease.

Remember, your health is not expendable.

Letters

Dear Reader:

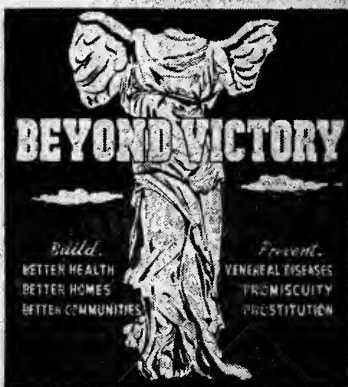
Have you ever seen a good health movie? They are seldom shown in the regular picture theatres, perhaps, because motion pictures on health topics do not get million-dollar publicity budgets and columns of review space in the newspapers.

Nevertheless, many are TB, VD, nutrition, safety and such subjects have long runs and loads of people enjoy seeing them. They have sure-fire appeal because they entertain while they educate and give into fifteen minutes or less much valuable information which would take hours to read in a book.

The American Social Hygiene Association and the U. S. Public Health Service have produced quite a few good films on VD suitable for mass audiences. Your city health officer can supply these films and provide an interesting speaker should answer questions.

What about it? What about making a union meeting or a gathering at your plant more lively by putting a good film and speaker on the agenda?

Try for better health. Try for better health. Try for better health. Try for better health. Try for better health.



Poster and theme for first poster National Social Hygiene Day, February 1946, sponsored by the American Social Hygiene Association.



in his life. The Good Book tells us that the thousandth part of a grain of dust is not a thing. The way I see it, he must have had quite a time of it blowing out all the candles on his cake, so that all of us could profit by it and do likewise.

I guess it goes without saying that when it comes to adding years to life hardly any of us will be found to be apt. If anyone put the idea in the form of a motion and brought it on for a vote the eyes would have it without any electrifying whatsoever.

Trouble is that too many of us like to play catch and have our heads in the sand. We don't seem to realize that what we don't know can hurt us. When we stick our heads in the sand, that part of us which remains exposed to view makes all the better target when trouble creeps up.

People should know that going to seek "doctors" doesn't make things stuck for them. Quacks are fakery, and the only thing they are but to doctors in their own banknote. They are lost leaders in the study of curing the dollar price of a nose from the foolish of without administering an anesthetic.

Quacks, of course, are the worst of the lot, but even the only ones whose practice of medicine is not according to Hogle. There is the household variety of double in charge medical people who think they're qualified to treat themselves. Sometimes they make you wonder why we have medical colleges, years of internship, and all the rest of the experienced training that goes into the making of a qualified physician.

I think it's well and good for people to go in for hobbies, but I hope you will pardon my gentle reminder that the practice of anything doesn't come under the same heading as fishing or stamp collecting.

The reason I bring this matter up is that only a short while ago I was reading about the serious situation caused by people attempting self-diagnosis and self-treatment for gonorrhea. Discovery of the curative powers of sulfa drugs came as a great boon to those infected with gonorrhea. However, this and again I has been pointed out that these drugs may cause serious damage—perhaps death—if used without the supervision of a doctor.

There are those who have been foolishly depending on repeated cures. And what's the result? We find that too many means or another people have been getting sulfa drugs without doctor's prescriptions and vainly trying to heal themselves. When the visible signs of gonorrhea disappear, they think they are cured—which is by no means the case. Not only do these people run the risk of permanent injury to themselves, but they spread their infection to others.

Now we have another great boon—penicillin, which is becoming available in many forms. But people who think they can play doctor and go out and buy some penicillin to throw on are likely to give us much work.

GET A PROGRAM STARTED NOW IN YOUR UNION AND ON THE JOB!

- Distribute VD literature and posters.
- Help arrange movie-showings and talks on VD.
- Encourage your fellow-employees to take part in a mass blood-testing for syphilis.
- Support and take part in all health education activities endorsed by your union.

When your union conducts an effective social hygiene program it is eligible to win a citation of merit issued by your city or state health officer and signed by Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, and Dr. Ray Lyman Wilbur, President, American Social Hygiene Association.

THIS SPACE RESERVED FOR A PHOTOGRAPH

SHOWING

Representatives of your local health department, labor bodies and social hygiene society (if your community has one) initiating program against VD.

THIS SPACE RESERVED FOR YOUR HEALTH DEPARTMENT

The Health Department message can describe services available, location of VD clinics, confidential nature of all findings, etc.

THIS SPACE RESERVED FOR ENDORSEMENT OF PROGRAM

It can list organizations and departments cooperating in the distribution of this material.

steam radiators will be humidified. If the educational campaign against the venereal diseases is successful, then more employees will seek examination and treatment, job discrimination against non-infectious cases of syphilis will be eliminated, and fears and prejudices about working alongside an infected person will no longer exist.

THEORY IN PRACTICE

The ASHA is embarking upon a new phase of its campaign to reach industrial workers with its message. In planning and preparing this program and its promotion we are being guided by the principles set forth above. Our trial balloons have been launched in various cities and among various groups, yet we don't know how widely the program will be accepted nor how successful it will be. In subsequent issues of the JOURNAL we will report in detail on its progress and results.

We have considerable confidence in the validity of our present approach. To begin with, it is simple. We are starting by asking labor groups to cooperate with local health departments and social hygiene societies to carry out one task: the distribution of a single leaflet, the four-page tabloid *You and Your Health*. Another edition is planned for distribution by management. We are convinced that if we started out by requesting mass blood-testing, formation of committees and complete VD control programs, labor leaders, industrialists, and many health officers would be overwhelmed into doing nothing. Our hope is that once the leaflet gets into the hands of the workers further action will result.

BUILT TO SPECIFICATIONS

We have tried to make *You and Your Health* fit the requirements of this objective. Its tabloid form is familiar to men and women in industry, it carries a *Believe It Or Not* cartoon contributed to the Association by Ripley, it is spotted with illustrations and is colloquial in style.

The information in the leaflet is angled from the point of view of the worker in industry, highlighting an exposition of the common misapprehension that VD is spread on the job, and featuring a simple control program which can be carried on by workers in the plants or in their unions.

Furthermore workers can be expected to identify themselves with this program, since it comes to them through their own unions and the leaflet includes a photograph of union leaders launching the distribution. Finally, the tabloid, by allowing space for a message from the local health department and endorsement from the social hygiene society, provides the needed tie-up with community treatment and service facilities as well as the machinery for follow-up in developing more ambitious programs.

Sample copies of *You and Your Health* have just been mailed to union leaders, labor press editors, health and VD officers throughout the country. Description of this promotional effort will appear in the next issue of the JOURNAL.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, ASHA Committee on Inter-American Cooperation

France: Conditions under the Vichy Government, and Postwar Developments.—Dr. J. A. Cavaillon, French Minister of Health previous to 1940, and again appointed to this post in 1945 by General Charles de Gaulle as head of the French government, brought out the following facts in an address before a meeting of the British Social Hygiene Council, Social Implications of VD Committee, July 12, 1945, London.

Under Vichy government France was divided into two zones, North and South. In the North, which was occupied by the Germans immediately after the armistice in 1940, a slow rise in venereal disease infections occurred. There had been a steady drop in VD rates in this area from 1920 on. After 1942, with German invasion of the Balkans, and return of German soldiers to France at intervals, a sharp rise took place, continuing until 1944. In the South, the number of infections continued to drop until November, 1942, when the Germans and Italians took over the whole of France. From then on infections increased rapidly among civilian population. 1945 statistics so far compiled show that a drop has begun again.

Enforcement of laws with regard to venereal diseases went on much as before, during the Vichy regime, except for added difficulties. Vichy withdrew the VD Laws of 1939, but later introduced other laws of precisely the same type, with one change, provision for notification. This provision, however, was completely ignored. A certain amount of work was done in tracing contacts and investigation of local VD epidemics.

Vichy attitude towards prostitution and brothels was not very different

from that of the previous government—neither for nor against. After the occupation, however, the Germans opened brothels in places where there were none, and at the same time raised the price paid by clients from the usual 5 francs to 40 francs. In the occupied South, however, the price remained at 5 francs, and this encouraged the transfer of women to the North. While Vichy in principle recognized the “maison toleree,” at first no tax was levied, but later on the brothels were officially included in the Corporation of Hotels and all were taxed. Since liberation no decision has been made regarding the tolerated houses, but they are no longer attached to the Corporation of Hotels.

Interesting incidents under the occupation: In one small town the Germans announced that the “maison toleree” was to be used only by themselves. The people of the town were worried and expected a large increase in infections as a result, but the contrary happened. Infections went down.

The Germans used strict control to prevent syphilis among their soldiers, were interested in the contact tracing plan, and used it in some places, but as the plan was applied only to women and not to the soldiers it was not of much use.

Further information concerning conditions and developments in France as reported by Dr. Cavaillon appears in a letter from the Paris correspondent of the *Journal of the American Medical Association*, dated September 29, 1945, and published in the issue of November 3.

*"Syphilis and Social Measures
of Prevention"*

"At a meeting of a permanent committee on social hygiene at the Ministry of Public Health, Dr. Cavaillon gave the results of a study made by him and Dr. Renard on the course of syphilis from 1921 to 1944. In twenty cities the cases of primary syphilis are as follows: 1921, 2,400 cases; 1927, 900; 1931, 1,500; 1938, 600; 1941, 600; 1942, 900; 1943, 1,200; 1944, 1,400. This recrudescence of syphilis is to be explained by war and occupation. The difficult economic situation has contributed to increased clandestine prostitution, which is one of the main causes of venereal diseases. The minister of the interior, acting on a proposal of the minister of public health, has taken several measures to combat clandestine prostitution. Steps are to be taken to find out prostitutes through inquiries and controls, with frequent inspections in bars, music halls, dance halls, cabarets and other places of amusement. The sick will be sent to a hospital or clinic. Those with a profession from which they derive a normal income will not be subjected to the degrading measure of the 'prostitutes' police card.' They

will have to submit to compulsory sanitary control at least once a week; this will include on each occasion a serologic and bacteriologic examination. The prostitutes will then receive a medical certificate, which they must always carry with them. The prostitute who will not submit to these examinations or who is too often absent from the examinations without proving a change of life can be subjected to the 'police card.'

"The minister of public health has sent a circular to doctors, hospitals and venereal disease centers emphasizing the necessity of intensifying the search for cases of recent and old syphilis and of the occult type. He prescribed, among other measures, the medical inspection of employees of big industrial and commercial concerns and of administration offices as well as the permanent attendance and medical control of families of patients affected with dementia paralytica. He insists on the obligation of tracing venereal diseases by compulsory medical prenuptial examination, by the two antepartum examinations and by the medical control of milk handlers, wetnurses, nurses and all persons attending children."

Venezuela: Club Work for Boys and Girls.—Miss Elda Marquina, at present in the United States as a student of extension methods in home economics, under the auspices of the Training Division of the Institute for Inter-American Affairs, and for four years previously a worker in the Extension Program of the Venezuelan Department of Agriculture, sends us the following interesting account:

Club work for boys and girls has been carried on by the Department for the past four years. Corresponding to 4-H clubs in the United States—*Head, Heart, Health, Hands*—these clubs in Venezuela are known as *5-V Clubs*.

The Vs stand for

Valor—Courage—to face the vicissitudes of life

Vigor—Health of body and mind

Verdad—Truth—tell it at all times

Verguenza—Good conduct—to live at all times uprightly and conscientiously

Venezuela—To serve the nation with loyalty, self-sacrifice and enthusiasm.

There are now 80 5-V clubs for girls and 23 for boys.

The Department's plans for the future include the improvement of the 5-V program and the addition of Home Demonstration group work. It is especially planned to put into practice new methods suitable for the Venezuelan people and rural regions, that are now being studied in the United States by Miss Marquina and other students.

Staff for the Extension Program of the Venezuelan Department of Agriculture include: Dr. G. A. Gonzalo Patrizi, General Director; Mrs. Carman Delia Carmona, State Home Demonstration Agent; Mrs. Josefa R. Bursian, American Specialist in Nutrition.

YOUTH NOTES

"Youth must be served—by youth itself" states a recent useful pamphlet, *Meeting Youth Needs*,* prepared by Dr. Mabel Grier Leshner for the New Jersey Congress of Parents and Teachers. As Chairman of Social Hygiene Education for the Congress, as well of the Advisory Committee on Social Hygiene Education of the New Jersey Department of Public Instruction, and ASHA Educational Consultant, Dr. Leshner bases her statement on wide experience. The pamphlet consists of a series of discussion outlines, questions, and references, designed particularly for parent-teacher groups, but of value generally. Subject headings indicate the range: *The Need to Begin Early; Pre-school Guidance; Some Early Fundamentals; Guidance Through Grade-school Years; Junior High School Years; Social Problems of the Adolescent; Some Adolescent Conflicts*. This last *Outline* points out clearly the problems involved, and the benefits of "self-service for young people" in cooperation with their elders, in social hygiene matters.

"Probably in the twelfth grade or just afterward youth, both because they are strongly social-minded and because they are shortly to be voting citizens, should come to know some of the social results of wrong sex conduct, promiscuity, illegitimacy, prostitution, venereal diseases, family breakdowns, desertion and divorce—and society's (and their own) responsibilities and measures for meeting these problems. In addition these late adolescents should learn what effect on the happiness of loved ones is caused by their disregard of social codes, defiance of conventions and pursuit of pleasure without heed of others. They need to know that whatever their social status they cannot evade responsibilities in sex conduct."

"The youth of every generation challenge and often flout the social conventions. Part of this is merely a phase of growing up. Much is due to adult acceptance of these conventions for granted without attempting to convince youth of their values. Youth need to realize that such social conventions as chastity, chivalry, keeping one's reputation, are born of long

and bitter human experience, not dictated arbitrarily by 'long-nosed reformers'; hence these conventions represent the collective, even though inexact, feelings of many generations. It is fair to youth that their challenges about social conventions be met constructively, so that their modifications of these guides to conduct may be made intelligently and soundly. Group youth-adult discussions on such topics as *Freedom and Responsibility, Hours of Returning Home at Night, Dating Practices and Responsibilities, The Adolescent Takes Over His Own Conduct, The Case for Chastity*, and many similar ones, are helpful."¹

"Youth should be much disturbed over the conduct of young teen-age girls who hang about military reservations, or who frequent dance halls and beer parlors, ready for any adventure servicemen will stage. Calling themselves 'victory girls' because they patriotically 'give their all' to men in uniform, most of them are not informed about the inevitable consequences of such conduct, and are only hungry for good times and not able to find them at home or among their

* *Meeting Youth Needs*. Mable Grier Leshner, A.M., M.D. Foreword by Newell W. Edson. Prepared for and published by the New Jersey Congress of Parents and Teachers, Trenton, N. J. 1945. 20 pages.

companions. Many are sisters of young men away in service who normally would put effective brakes on such 'patriotism'; others are forgotten children of parents away at work. Most of these youngsters, to get straightened out, need opportunity for wholesome good times, plus adequate understanding of themselves. Young people more fortunately situated and better counseled can meet these crucial needs more acceptably than any other group. Parents and teacher will do well to rally this youth effort and support it in the form of youth clubs, canteens, get-togethers of various sorts, planned and carried out by youth, with generous adult backing. Give the older youth a chance to head off the 'victory girl' fad."

"Sound preparation of youth for high standards of living must include consideration of the age-old problems of promiscuity and unsanctioned sex intimacies. The increase in juvenile delinquency, due in part at least to rapidly changing social standards and less rigid social codes prevalent in wartime, emphasizes the need for adolescents to understand the why-nots of sexual experimentation. Youth at the thresholds of marriage and citizenship are entitled to know that the functioning of the sex impulse is a vital part of true love which, wisely controlled, can lead to the deepest joys and the happiest relations in life; that the highest medical authorities

agree that chastity before marriage and fidelity in marriage are compatible with health for both men and women; that premature experimentation, even between real lovers, is no test of compatibility or affection, but rather so overwhelms the two with fears (of discovery, disloyalty, domination, pregnancy, infection and many more) that the experiment is nearly always a failure and often a tragedy; that promiscuity and prostitution are the chief conveyors of venereal infections, with their devastating results on individual and family life. While youth should be aware of these problems, they should be still more aware of the values in adherence to high ethical and social standards and the possibly far-reaching effects of their sex conduct." 2

"Modern youth face also the lures of substitutes for monogamy and the fallacies of the double standard of morals. These need to be so thoroughly exploded that they will no longer influence bewildered youth. Further youth need to realize that 'social drinking' frequently leads to experimentation and fallacious reasoning; that free love, trial marriage, companionate marriage and unsanctioned unions cannot offer the age-proven happiness values for parents and the securities and protection for children found thus far only in a life-long monogamous relationship."

Suggested for reference throughout is Dr. Edith Hale Swift's book *Step by Step in Sex Education* (Macmillan Company, New York, \$2.00), and a special reference list accompanies each *Outline*. Those for the *Outline* quoted above include:

Books:

- Love Problems of Adolescence.** O. M. Butterfield. Emerson Books, New York. \$2.25.
So Youth May Know. Roy E. Dickerson. Association Press, New York. \$2.00.
The Sex Life of Youth. G. L. Elliott and H. Bone. Association Press, New York. \$1.50.

Pamphlets:

- The Case for Chastity.** Margaret Culkin Banning. Reader's Digest reprint. 5 cents.
Health for Man and Boy
Health for Women and Girls } William F. Snow. American Social Hygiene
Marriage and Parenthood } Association, New York. 10 cents each, or
 25 cents per set.

- 1 **Building Sex into Your Life.** Paul Popenoe. American Institute of Family Relations. Los Angeles. 25 cents.
- 2 **Understanding Our Daughters.** G. L. Elliott. Woman's Press, New York. 25 cents.

HEADLINES AND BY-LINES

KENNETH R. MILLER

Director, Public Information Service, American Social Hygiene Association

The well-known Gallup Poll's director and originator wrote for the July-August *Channels*, magazine of the National Publicity Council for Health and Welfare Services, an article regarding trends in public understanding and opinion which, as *Channels'* editor said in an introductory note "gives both comfort and stimulation for our programs of public education." Social hygiene workers will find what Dr. Gallup says of special value in these respects, we believe, and so we devote the space assigned to this department for November, to

THE PEOPLE ARE WITH YOU

GEORGE GALLUP

The American people shy away from change in our political institutions and like to stick to tradition in economic matters, but they are remarkably progressive in their thinking about social problems. I often hear men in public life say that such-and-such a program for social betterment has to be postponed or that you have to "go easy" with it, because "public opinion isn't ready for it." A lot of the time that is pure bunk. The common man has more liberal-minded ideas about social questions than his leaders credit him with. At least, that is my conclusion after ten years of polling the public on thousands of public issues.

I first noted the fact back in 1936 when we were conducting a poll on venereal disease control. In polite society in those days, people just didn't talk about syphilis and gonorrhea. Editors ran stories about tuberculosis and cancer, but were afraid to "offend" their readers by printing any discussion of the cure for venereal infections. Radio chains ruled the subject off the air. In the face of this rigid taboo everyone at the Gallup Poll staff, including myself, had serious misgivings about sending hundreds of interviewers out to talk face to face with a cross-section of the public about such an unmentionable subject. We actually considered keeping count of the number of doors slammed in the faces of the interviewers by "of-

fended" housewives. In phrasing the ballot questions we studiously avoided the words "syphilis" and "gonorrhea" and stuck to the more innocuous phrase, "venereal diseases," asking people whether they would favor having a government bureau distribute information about such diseases, and set up government clinics for the treatment of venereal cases.

When the poll was completed we learned how ridiculous our fears had been. We had underestimated the common man—just as public health officials, editors and radio stations had done. People in all walks of life were ready to talk about venereal disease. They wanted to take the lid off the subject, bring it out into the open. Ninety per cent of those interviewed were in favor of starting an educational campaign, and 88 per cent approved the idea of setting up government venereal disease clinics. Within six months we were polling the country to find out how many people were willing to have a blood test for syphilis, and 87 per cent signified their willingness to have such a test. In short, the people, once given a chance to speak, instinctively and without hesitation placed themselves on the side of medical and social progress.

Some politicians have underestimated the progressiveness of the public on social matters and lived to regret their

shortsightedness. During the wind-up of the 1936 presidential campaign, the Republicans launched a vigorous attack on the newly-passed Social Security Act, condemning its one per cent levy as a payroll tax and picturing the whole program as dangerous experimenting of doubtful value. The party failed to realize that the public was not at all afraid to try the innovation of a social security act, novel as it seemed in those days. The voters were actually 9-to-1 in favor of the legislation, a poll found.

Another highly illuminating bit of evidence is the attitude of the common people about sex education courses in our high schools. Such courses have been proposed in a number of large cities, interest in the proposal having been stimulated by the increase of sex delinquency in wartime.

Many parents think that instruction in sex matters is properly the responsibility of the home rather than of the school. Nevertheless, public sentiment stands 4-to-1 at present in favor of courses in secondary schools dealing with sex matters. The idea appeals especially to parents living in the larger cities, where delinquency rates are in many cases increasing. But even in the farm areas, where people are thought to be most conservative, a substantial majority favor sex courses in the schools.

PEOPLE WANT FACTS

People want to know facts, especially facts about things that affect their personal lives. They may not always use those facts intelligently, but they dislike having facts suppressed for narrow, moralistic reasons. Some years ago there was a film called *The Birth of a Baby*, a graphic, more or less educational picture which dealt rather frankly with its subject. The film was banned in a number of cities through the efforts of watch-and-ward societies. Then *Life* magazine printed a series of still pictures taken from the movie, and that issue of the magazine also got banned in many communities.

We conducted a survey to find out just what the public really did think about these pictures. The poll was confined to people who had seen the photos in *Life*. It was found that three-fourths (76 per cent) did not consider the pictures in any way in-

decent, and three-fifths (61 per cent) approved this method of teaching the public about childbirth and care of mothers. Plainly, the officials who had set themselves up as guardians over the public morals were way off base in their judgment of what the public would stand.

The public's desire to see facts made available applies particularly to the subjects of birth control. For years, certain well-organized groups succeeded in keeping birth control information away from the average man and woman. These groups were sincere in their point of view. I do not challenge it, or take sides here either for or against birth control. What I do want to record is the fact that, as long ago as 1937, seven people out of every ten thought that the distribution of information on birth control should be made legal. Their general sentiment was that a person didn't have to pay any attention to this information if he didn't want to, but that it should be made available to any who did want it. In some states, notably North Carolina, birth control information is supplied in government public health clinics. Public sentiment throughout the country is 7-to-3 in favor of making this a 48-state practice.

PEOPLE MARKED TIME

I wish there could be more polls and surveys of public sentiment on problems which our social welfare agencies have to deal with. I believe that such studies would make for progress because, more often than not, public opinion is for progress in social matters. Sometimes, indeed, the public has to mark time until its leaders catch up with the procession. It is never safe to assume that the common man is short-sighted—or puts his immediate interest ahead of what may be his long range interest—or that he is unwilling to make sacrifices for the common good. I know that the public is occasionally that selfish, and I know that some people are always that way. But the *majority* of the American people are pretty sensible. Anybody who doubts that they will make sacrifices should remember these two facts: right now 74 per cent of the income taxpayers of the country do not think income taxes should be reduced a single penny until the Jap war is over, and 70 per cent of the

men and women of the country are willing to eat one-fifth less food in order to help feed Europe.

Public opinion isn't infallible, of course. There are many "areas of ignorance" in the mass mind, many superstitions and prejudices. We have only to consider race hatred, discrimination against Jews, and the melancholy history of lynchings in the South, to see that the mass mind is sometimes warped, our people sometimes cruel and blind.

People don't know as much as they should about disease and its prevention, or about diet. There is still a good deal of public ignorance about cancer, for instance. Only 43 per cent, a recent survey showed, think they could recognize the symptoms of cancer, and as many as one-fifth (21 per cent) have the erroneous notion that cancer is contagious or catching. The survey found people who seriously claim that cancer is caused by such things as swallowing too much phlegm, by certain kinds of cooking pots, or by jealousy, resentment and "bad thoughts." The Cancer Society has, however, made considerable progress in its educational campaigns. More people know how to spot the symptoms of cancer now than did in 1939, and six out of every ten persons (62 per cent) know that many types of cancer can be cured if caught in time.

Another widespread disease about which the public could stand more information is tuberculosis. While most people know that it is curable, and know the general treatment necessary, there is still a good deal of ignorance about the cause of the disease. In 1939 one person in four (24 per cent) in a survey was unaware of the fact that tuberculosis is contagious. Social Workers and others have made the public aware of the connection between

tuberculosis and undernourishment, poor living conditions and rundown health. Now more emphasis probably needs to be placed on the danger of contagion.

Welfare workers constantly have to deal with the evils of undernourishment. Americans have more to learn about proper diets than about almost any other subject. The tendency of many of the poorer families, out of ignorance or stubbornness, to stick to diets consistently largely of bread and starches, without an adequate balance of proteins, fruits, greens, etc., has seriously affected the health of the nation and contributed to the large proportion of rejections in the selective service draft. Vice-Admiral Ross T. McIntire, chief naval surgeon, who headed an investigation last year on medical standards for the draft, concluded that education of coming generations toward a more sensible diet is a vital necessity.

The most important deficiency in the national diet is citrus fruits and raw greens (sources of Vitamin A), followed by eggs, milk and leafy green or yellow vegetables. Although health experts say that those items should be included daily in the diet, a survey early this year found that from 23 to 46 per cent fail to live up to these rules of good diet, mostly because of ignorance.

In short, there is an everlasting need to make people better informed—about everything. All my experience in the polling business indicates that when the common people know and understand the facts, the majority arrive at a sensible, realistic conclusion as to what should be done. I agree with the late Raymond Clapper who used to say: "Never overestimate the people's knowledge, nor underestimate their intelligence."

EDITOR'S NOTE: JOURNAL readers unfamiliar with *Channels* will find this useful little magazine a genuine help in telling the story of their work to the public. With other privileges, it is available to members of the National Publicity Council, for which membership dues are \$5.00 yearly. Catherine Emig, *Channels'* efficient business manager, is just making a special offer of *Five Short Cuts to Publicity and Health Education*, which includes for \$7.00 a year's subscription to *Channels*, and the publications *How to Make A Speech and Enjoy It*, *Working with Newspapers*, *Exhibits—How to Plan and Make Them*, and *Planning Your Meeting*. Address National Publicity Council for Health and Welfare Services, Inc. 130 East 22nd St., New York 10.

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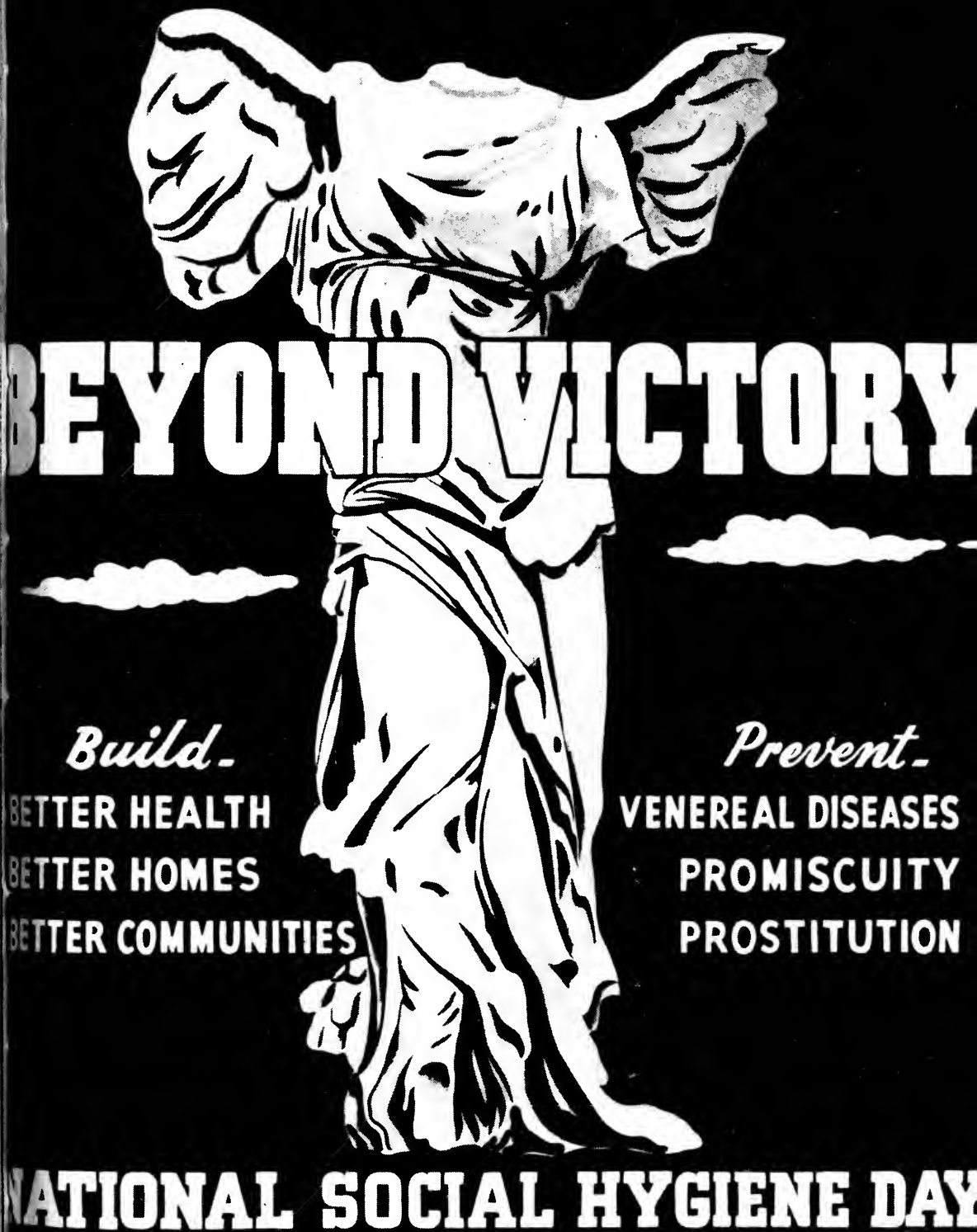
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VENEREAL DISEASES
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NATIONAL SOCIAL HYGIENE DAY

THE THEME OF SOCIAL HYGIENE DAY — 1946

as expressed in a poster produced by

Social Hygiene Day Service

American Social Hygiene Association

Remember the date — Wednesday, February 6, 1946

HOW YOU CAN USE SOCIAL HYGIENE DAY TO BUILD BETTER SOCIAL HYGIENE CONDITIONS FOR THE AMERICA OF THE FUTURE

Plan a **Social Hygiene Day meeting**—a group discussion—community gathering—regional conference. Write to the American Social Hygiene Association for a **free kit of program and publicity aids** for the use of sponsors, for posters to publicize your events, and for a supply of an attractive folder, **See Here, Private Citizen**, to be distributed to those in attendance.

Work out with your local radio station manager a program of spot announcements to bring your Social Hygiene Day meeting to the attention of the public and of **radio talks and forums** on social hygiene problems. The kit of program and publicity aids contains material for use over the radio.

Call the attention of newspaper editors to public interest in social hygiene and to your Social Hygiene Day meeting plans. The kit contains sample **news stories, features, editorials.**

Ask the ministerial association of your town to consider the designation of the first Sunday in February to be marked by **special sermons** dealing with social hygiene objectives. The Social Hygiene Day kit contains background material to use in preparing such addresses.

Utilize every opportunity to bring Social Hygiene Day and the program for which it stands to public attention by means of **posters, exhibits, films, literature.**

Distribute copies of the folder, **Beyond Victory** (Pub. No. A-628), to interested agencies and individuals. It may be obtained in quantity and without charge from the American Social Hygiene Association.

For help with your Social Hygiene Day program write to

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Social Hygiene Day Number

EDITORIAL

SOCIAL HYGIENE IN RELATION TO THE FUTURE OF THE FAMILY

A Message from President Wilbur

The goal of social hygiene is a people healthy, normal, well-balanced—fit to build successful families, homes, communities—as foundation-stones of national strength and progress. “The preservation of the family as the basic social unit,” is another way of putting it.

The campaigns against venereal diseases and commercialized prostitution by public information and community action, by legislation and law enforcement, by medical diagnosis, treatment and case-finding, are enabling important advances towards this long-range goal, but even if complete success were to be achieved in all these efforts, this would not mean that the full goal was reached. That high objective can only be achieved when all of us—young and old—understand and accept full responsibility to ourselves and others for building the kind of characters and lives that will not only withstand assault by evil but will also act powerfully for the good of one and all.

Without this inner strength and understanding, only limited gains can be made in social hygiene for the family or for the nation. Doctors and public health workers have been quick to point out

that it is small use to treat gonorrhea with penicillin or other fast-working therapy, if the patient's behaviour when released from care is such that infection occurs again promptly, and the same may be found true to some extent with regard to syphilis. Dr. John Stokes sums it up by saying "it is not medication, but conduct, that is at the core of the venereal disease problem." Similarly, law enforcement and court officials know that while closing brothels and arresting "facilitators," prostitutes and "victory girls" are important steps towards solving the problem of prostitution they do not solve the larger problem of sexual promiscuity. Unless there is a new understanding of personal responsibility, a new view of what life means, and a new start towards being a normal and useful person, the so-called "sex offender" is often involved again in what has been aptly called the "revolving door process"—offense, arrest, jail-sentence, release, offense again—which furnishes no lasting solution.

On the other hand, nothing can stop the social hygiene progress of a people whose lives and conduct are based firmly on sound morals and a sense of mutual responsibility for high standards in matters of sex.

The future of the American family—of families everywhere—is bound up in these things. Whether or not the family can hold its place as the bulwark of community and national strength so urgently needed for the critical period just beginning depends a good deal on social hygiene. I do not mean social hygiene in the strict sense of what can be done by organized social hygiene societies and workers, even with the valuable cooperation of other professional and citizen groups. I mean the broad, almost limitless concept of a people as a whole dedicated to getting the best from life on the uppermost planes of health, happiness and of general welfare.

How can this be done? Precept, education, counsel, example. These are the methods and the answer. Training and guidance from childhood up, in home, church, school, or wherever youth gets knowledge and experience, to know the family's worth to civilization, the reasons for one-man-one-woman marriages, and to instill respect for and observance of right conduct regarding sex, as important for successful family building and as a natural and normal way of life. Advice in matters of courtship and marriage, to try to insure suitable matings for companionship, lasting affection and potential parenthood. Counsel to help in straightening out difficulties after marriage. Example from old to young in all these things, and from young to old. Thus, if we give our best to it, shall we learn and

teach truly how to live as persons, as partners in marriage, as parents, as members in a family structure stoutly built from within, strongly defended against attacks from without, and ready to serve in community and country.

The American Social Hygiene Association is completing nearly thirty-three years of national—and international—service in this month of December, 1945. Through two wars, a major national economic crisis, and numerous lesser emergencies, the Association has been the national organization to which 20,000 members, 200 social hygiene societies, and a good many other voluntary organizations, national, state and local, have looked for leadership. Cooperation with official agencies has been equally close. Health departments, law enforcement officials, educational and welfare agencies in the states and communities, as well as the federal agencies in these fields, are valued friends. These bonds have been cemented anew by our united effort in the past five years to safeguard national health and morale in wartime.

Now, as we wipe war problems off the slate and write up the next lesson, the Association urges its members, affiliates, friends, colleagues, and all who will, while holding firmly to the great public health and law enforcement gains made during the war, to join with confidence and determination in a new all-out effort to emphasize education, training and guidance as means of upholding moral standards and influencing conduct. This we must do, if the future of the family is to be safeguarded and the march continued towards the long-range goals of social hygiene.

RAY LYMAN WILBUR, M.D.

President, American Social Hygiene Association

December 31, 1945.

BEYOND VICTORY

Build

Better Health
Better Homes
Better Communities

Prevent

Venereal Diseases
Prostitution
Promiscuity

NATIONAL SOCIAL HYGIENE DAY

February 6, 1946

TIME IS SHORT TO MEET OUR OBLIGATIONS*

A MEMORANDUM ON THE URGENCY OF PUTTING INTO HIGH GEAR A PROGRAM OF SOCIAL HYGIENE EDUCATION FOR MILITARY AND HOME-FRONT VETERANS

HOWARD W. ENNES, JR. Lieut. H(S) USNR

During the war years much attention was directed to matters of sex adjustment and, indirectly at least, of family life. Emphasis, perforce, was on the physical—even the pathological—side of venereal disease and prostitution. One result was the best record in venereal disease control for any Army or Navy in any war at any time.

“Eat, drink and be merry, for tomorrow we die” more or less characterized the wartime outlook of many. But with the culmination of the war, these psychological underpinnings have changed. Change is evident, not only to the student of sex and the family, but—more important—to the young men and women who must make the adjustments.

Toward Positive Health

During the war our objective was legitimate enough, but it was a limited objective, and it was essentially negative—avoidance and prevention of disease. Today our objective is broader—as broad as the future of the family and in consequence as broad as our civilization as we know it. Today our objective must be positive. It must go far beyond mere disease prevention to a concept of positive health—mental and emotional as well as physical.

One of the first requirements for healthy family life and satisfactory interpersonal relationships is a basic interest on the part of young people. They must feel that they have a stake in the future, a stake worth striving for. We believe that young people today as a whole have this interest and this incentive. Despite the superficial pessimism we see about us, despite the inevitable personality splinterings which follow the catastrophe of war, our youth are *not* going to the dogs. They have the measure of their stake in the future. They have faith. But they also realize that faith alone will not be enough. They want and need scientific information and guidance.

Obligations: Information and Guidance

Those who are concerned with the future of the family and the social, mental, emotional and physical health of our society have an obligation to our youth. We have an obligation to counsel and guide. We have an obligation to inform.

* A statement prepared at the request of a group of persons meeting for discussion of social hygiene educational methods and materials in Washington, D. C., November 1, 1945, at the invitation of the American Social Hygiene Association's Washington Liaison Office. The opinions or assertions contained herein are the private ones of the author and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

Time is short to meet our obligations. Every day thousands of men and women are changing from uniforms to civilian clothes. Every day other thousands of clerical and industrial workers—including a high proportion of young women—are being dropped from the payrolls. Every day thousands upon thousands of men and women are trying to pick up their lives where they dropped them when war struck. The old marriages come back to life. The war brides greet their husbands. The unmarried make their plans. The future is no longer in the indefinite distance. It is here. It can be seen, it is something to be grappled with.

All of these people are not "problems." Far from it. The majority are normal, well-balanced individuals. A certain percentage, of course, have undergone unfortunate experiences during the war years. Some will find barriers and inhibitions between them and normal, happy life. They will need help—and they must have it. But even so, the bulk of these individuals are normal, average young men and women. And a surprisingly large proportion realize that their experience during the past few years has not been normal, and that they would benefit by an element of orientation in the art and science of living, one with another, in a changing world. This realization may or may not be conscious, but all the evidence suggests that a little extra light thrown this way is more than welcome. Recent experience shows that even mild stimulation along these lines, results in an upsurge of active interest.

Straws in the Wind

Consider two random examples: In Florence, Italy, six months ago thousands of G.I.'s sat cooling their heels while awaiting points and transportation home. The Army decided to meet at least a portion of their need for occupation by organizing a University. Let a G.I. reporter tell what happened:

With an enrollment of 320 soldier students, U.S.C.'s (United States College) new course in the psychology of marriage and family-life is undoubtedly the most popular course on the campus.* That it rose to number one position can in no way be attributed to any desire for bachelorhood or the life of a hermit on the part of the current group of G.I.'s registered at U.S.C. "On the contrary," points out Dr. Lester A. Kirkendall (the instructor), "unmarried men are looking forward to marriage, and married men are having to go back and re-establish their family relationships. . . . Discussions in the classroom have centered around the problems and questions which have been raised by the students." Among the subjects discussed are: Sex adjustment to marriage, sex education of one's children, relation of the family and marriage, how to get along with one's in-laws, and the adoption of children.

Class members have written papers on such subjects as *Qualities I expect in the person I marry*, *What I have learned of marriage and family life from being married*, *How my experiences since leaving home have affected my concept of marriage and family life*.

"Thirty per cent of the single students," says Dr. Kirkendall, "have indicated that they are trying to plan for marriage and school together after discharge."

* During the session following, when the same course was given again, 800 of a student body of 2,000 enrolled in the course before the rolls were closed for lack of space.

Example No. 2: "Pin-up girls with lustrous locks and shapely curves have been overplayed as GI main interests," says Ray H. Everett, Executive Secretary of the D.C. Social Hygiene Society in a recent issue of *Social Hygiene News and Views*. "They're all right as temporary distractions but when it comes to choosing wives the service men look for more substantial qualities. At least that's what most of the lads convalescing at Walter Reed Hospital tell us—and they ought to know.

"As part of the GI Educational Rehabilitation program at that great army institution, a week recently was devoted to lectures, movies, and discussions on marriage problems. It started with a talk on *Democracy in Marriage* by Representative Helen Gahagan Douglas and finished with a panel of WAC's, WAVES and Nurses who presented the feminine views. We were assigned the subject, *Making Marriage Work*, and as an outgrowth, were invited to conduct a weekly marriage counseling clinic which, during 3 months operation has brought out some pretty tough problems."

Let it be shouted from the housetops: Our youth are awake to their future and to our future; their latent concern with the building of home and family is breaking into active, personalized interest—not, perhaps in the pat terms of the professional, but with an urgency and an intensity born of living at the brink of life through the hell of war at home and abroad.

We Have Not Prepared Our Youth

The present immediate urgency of the social hygiene situation stems from the abrupt shift from war to peace. For millions of individuals time has begun to move again. Each day thousands of basic personal decisions are being made and emotional and physical experiences undergone which will do much to shape the future of society. Yet we know that by and large our parents, our schools and our churches have *not* prepared the average young American for constructive, satisfying adult life.

What are we going to do about it? Shall we let youth pull itself up by its bootstraps? They did a rather good job at this in the war after all! But we must appreciate that wounds of the spirit such as are fostered in the maladjusted marriage are certainly as real and possibly more permanent than the physical wounds of war.

Shall we let the present shift for itself and concentrate on the future—upon the children? These will be the children of today's youth, however, and their basic inclinations will be formed by parents whose cooperation is needed, and who will be left out of the picture by this approach.

Or shall we lend a helping hand to all of those who want and need it—to the new as well as the old families, to the children, to those who will become the families of next month and next year?

These facts and these questions pose a challenge. And no matter what phrases we use, it is a challenge to social hygiene—to the *whole*

of social hygiene and *not* to any segment of social hygiene. It is a practical and an immediate challenge. It requires practical and immediate action.

The Immediate Need: Information

This challenge has been discussed at length with individuals of the widest array of interests—the Federal and voluntary health, welfare, educational and social protective agencies; the women's organizations; the armed services; labor and management. The practical problems have been examined by experienced persons in the fields of organization and finance, of education and public relations.

There is unanimous agreement that a basic problem in education is posed. There is agreement as to the urgent need for making widely available information on social hygiene and family relationships. It is thought that for this need currently available information is adequate—even when limited to those aspects where agreement can be had from *all* quarters. There is unanimity that our overwhelming obligation is to get this information into the hands of the millions who need it—NOW. In practical terms, a two-phase operation of limited objectives is envisioned:

Phase One is informational and large-scale in the sense that it would employ, primarily, mass informational media. This implies, essentially, *going out after* the people we have been talking about. It means *getting across* to them the facts and information which are the stock-in-trade of social hygienists and family counselors by presenting that information in fresh dress, cut to the demands of our time, and placed so it *can't be missed*.

Such objectives require the extensive utilization of the daily press, the radio and the motion picture, the magazines and the special interest publications. These media of necessity require a plentiful supply of accurate, modernized information suited for immediate use, both nationally and locally.

Those who propose this tack toward social hygiene education emphasize that we must candidly face the fact that any mechanisms set up to provide such information and to stimulate its utilization must in their nature be not only authoritative, but broad minded. They must be representative of the best thinking and most extensive experience. Withal, they must be cognizant of the fundamental fact that this is a field where personal and theological opinion hold great sway; that the evidence is not all in by far; and that the prime problem of the day is the encouraging of informed thinking and enlightened consideration of these problems on the part of the great mass of our citizenry.

Phase Two has to do with individualized information and personal counseling, for mass information alone is not enough. The latter builds and articulates latent interest, breaks through the shell. That leads to questions and the kernel of individual need.

Obviously, the press and radio and related media must be backed up by pamphlet and printed material presenting the data more fully than is possible, for example, in a marriage counseling newspaper or radio column. These mass media, however, can serve as channels for establishing contact with sources of further information. Letters of inquiry of both a general and a specific nature can be answered by printed material that is properly selected and edited for the particular purpose. It is altogether likely that encouragement of such efforts on either a national or local basis would result in a flood of responses the meeting of which would certainly count as positive social hygiene education.

Similar in nature to individualized information by mail are services which can be offered in the towns and cities to young people, military and home-front veterans alike, and to others as well. The veteran groups pose, of course, the most pressing problems. The machinery for serving them in the fields of social hygiene and marital education exists to some extent in the many local veterans' information centers. Here, it is suggested, printed material can successfully be distributed and individualized information made available to those who are specially concerned.

True "personal counseling" in these fields requires well-trained and above all experienced counselors. To attempt full-fledged counseling with less will result in tragedy. A framework for responsible counseling exists in a multitude of social agencies. By and large, however, these are not equipped (largely because of limited staffs and press of more urgent calls) to help those many individuals who are mainly concerned with "talking out" their uncertainties and gaining information and some insight. Again, we are not so much concerned with the "problem" case as with the more normal persons, and in this respect the field is ripe for local organizations concerned with social hygiene and family life.

To sum up these proposals: It is suggested that social hygiene forces move forward, more or less simultaneously, on two interrelated fronts—*First*, embark on an all-out, large-scale, public informational effort dealing with basic social hygiene and family relations from the individual's point of view; *second*, get down to the individual man and woman with individualized information and guidance in matters of premarital, marital and family relationships.

Implicit in these proposals is recognition that behind immediate large-scale information efforts and individualized counseling lies the basic task of educating the young for life. Certainly, the war with its venereal disease and other manifestations—for instance the "fraternization" aspect—has demonstrated again our rather general failure in this regard.

Ours is more than a failure in any limited field such as "sex education." There is evidence here of a failure to develop basic human values, a failure to develop that order of discrimination and enlight-

ened judgment and social responsibility which is the life-blood of democracy.

We have in our grasp today, perhaps for but a fleeting moment, an opportunity to catch up with our failure. We may even have a chance to atone for some of it. We do have now a chance to begin building for the future. By meeting the needs for information, advice and guidance of the young men and women who are forming the families and thereby the fibre of America of the coming years, we can lay foundation stones. We can build an enlightened public opinion that will make mandatory the development of an educational system which does properly include within its active concern matters of sex education and preparation for marriage. And a public opinion which requires such developments of necessity will cause to be swept away many of the social ills against which today we find it so difficult to make headway.

. . . Not New, but Urgent

These problems—not even the suggested methods of approach—are not new. These are the old matters of adjusting the individual and society to life and sex—problems upon which the sun has never set. And these are not “veteran’s” problems or any other group’s problems—not even youth’s—for the parents and oldsters have stakes and responsibilities.

But what is new is the urgency of the matter. Atom bombs and jet propulsion and social responsibility and sex expression are tightly bound with one another, however we may like it. We who have set out to attempt changes and improvements of one kind or another in the several fields of health and social welfare must be cognizant of the changing environment—psychological as well as physical—in which the youth of today live. At the peril of failing again in *our* social responsibility, we are obligated to address ourselves to the central issue of our time.

SUGGESTIONS FOR ACTIVITIES

As methods and materials to implement a broad range social hygiene education program, the following are among those suggested:

A. Public Information

to provide widespread general information—“mass education”—on social hygiene aspects of marriage and family relationships

to encourage individual understanding of the constructive side of sex in life

1. Periodicals

- a. Daily and weekly press, Sunday supplements and metropolitan shopping news: news items, features, advertising, cartoons and cartoon strips. Material in mat form for small town and county weeklies.

- b. National magazines, with special attention to those directed to youth (*Seventeen*, *Charm*, *Mademoiselle*, etc.), and to the still younger groups (*Boys' Life*, etc.).
- c. Pulp magazines and "comic" books.
- d. Special group publications—farm, labor, school and college, parents.
- e. Special interest publications—religion, science, trade, sports, hobbies.
- f. Army, Navy and veterans' publications.
- g. "Advice to love-lorn" columns now existing provided with special information, authoritative sources of literature, and referral agencies.
- h. A new column on social hygiene, premarital, marital and family problems, by recognized authority or panel of authorities, containing general information and leads to reading and counseling aids, but *not specific counseling*, would fill wide need and could be self-supporting.

2. Radio

- a. Social hygiene and marriage clinic containing dramatic sequences as well as brief talks and discussions, (conducted on same basis as 1h, above).
- b. Nationwide broadcast series with dramatic sketches and talks by prominent people.
- c. Material on social hygiene to fit into existing "soap operas" and children's programs.

3. Motion pictures

- a. Educational responsibility of film industry forms a basis for program of commercial shorts on social hygiene subjects, preferably lively and humorous so that they would be enjoyable, possibly animated cartoon form.
- b. Educational, documentary film material is needed, especially as schools develop more adequate programs in this field.
- c. Use of films now available should be promoted widely, particularly among youth groups, veterans, and others.

4. Special items

- a. Poster and billboard material.
- b. "Stuffers" for payrolls, department store statements, utility company bills.
- c. Displays—store window and other exhibits.

- d. Libraries—exhibits, reading lists, informed personnel to advise on special reading and counseling sources.
- e. Scripts—playlets, and speeches—for clubs and other groups.
- f. Speakers' bureau.

NOTE: All the above methods of reaching the general public require material specially prepared to fit the particular use.

B. Individual information and education

to provide information to individuals requesting it
to help solve normal, individual social hygiene problems

1. By mail—from national or local source.
 - a. Printed material covering general subject of problem presented.
 - b. Reference to local resources—information and advice on specific problems.
2. Local information and advice centers, such as those for veterans, and youth can be provided with printed material.
3. Expert counseling should be promoted on a local basis where qualified personnel and facilities are available. In some communities social hygiene societies, family welfare agencies, or adult education groups are in a position to provide counseling service. In other communities pastors, teachers, youth leaders, parents and others interested and informed can be of help.
4. Rapid treatment center cases and young people apprehended for sex offenses should receive special attention along these lines in the course of the case work, psychiatric guidance and follow-up provided for them.
5. Printed materials:
 - a. Available material to be evaluated as to
 - (1) Professional content
 - (2) Practicality of language, emphasis and format for meeting particular needs.
 - b. Bibliographies of recommended materials to be made up on basis of this evaluation.
 - c. Fill in the gaps—produce materials for unmet needs. Revisions and rewritings of present materials would provide some of this.
 - d. Topics suggested as needing particular attention: basic physiology and sex hygiene, adolescents' problems such as dating, premarital problems, marriage guidance, general family relationships, preparation of parents for sex educa-

tion of their children, how to "live alone and like it" (or mental and emotional hygiene for the unmarried).

- e. One or more pamphlet publications are needed immediately, aimed specifically at military and industrial veterans, both men and women, and covering the general field of marital and family relations.

EDITOR'S NOTE: *It is recognized that JOURNAL readers need no argument to convince them of the truth of the situation reviewed in Lieutenant Ennes' article, and that many of the methods and materials mentioned are already being used to greater or less extent by the American Social Hygiene Association, the state and local social hygiene societies, and by a good many other national, state and community agencies concerned with the field of education for marriage and family relations. The thought is rather to focus attention on this field at a time when prompt action is needed on all sides, by all concerned, to furnish a sound basis for postwar family and personal life. Additional suggestions are invited.*

READINGS AND REFERENCES ON MARRIAGE AND FAMILY RELATIONS

A short list selected particularly for the interest of young men and women, but recommended also to parents, teachers, youth leaders and all who are concerned with teaching, counsel and guidance.

For General Readers

Books

- Marriage and Family Relationships.** Robert G. Foster. Macmillan Co., 1944. 314 p. \$2.50.
- Modern Marriage.** Paul Popenoe. Macmillan Co. New edition. 1945. 299 p. \$2.75. For young men and their sisters, cousins and sweethearts.
- Marriage Before and After.** Same author. Wilfred Funk, 1943. 246 p. \$2.00.
- The Meaning of Marriage and the Foundations of the Family.** Sidney E. Goldstein. Bloch Publishing Co., New York, 1942. 224 p. \$1.50. The principles of Jewish family life.
- Life Together.** Wingfield Hope. Sheed and Ward, 1944. 199 p. \$2.50. A presentation of Catholic philosophy and doctrine for those seeking marriage guidance.
- Marriage Is a Serious Business.** Randolph Ray. McGraw Hill, 1944. 164 p. \$2.50. By the rector of the Little Church Around the Corner.
- When You Marry.** Evelyn M. Duvall and Reuben Hill. Association Press, 1945. 464 p. \$3.00.
- A Marriage Manual.** Hannah and Abraham Stone. Simon and Schuster, 1935. 334 p. \$2.50.
- The Sexual Side of Marriage.** Max J. Exner. Norton Co., 1932. 252 p. \$1.00.
- Looking Toward Marriage.** Johnson, Randolph and Pixley. New York, Allyn & Bacon, 1943. 99 p. 80¢.
- The Single Woman.** Ruth Reed. New York, Macmillan Co., 1942. 227 p. \$2.00.

Pamphlets

(10 cents each unless otherwise indicated)

Pub. No.

- Making Marriages Last. Ray H. Everett. 6 page folder.
 — You Can Work It Out Yourself. U. S. Department of Agriculture
 Service Circular 430. For servicemen and women and their families.
 A-176x Choosing a Home Partner. Newell W. Edson.
 A-540 Health for Man and Boy } William F. Snow
 A-541 Health for Women and Girls } Special series. New edition. 1944.
 A-542 Marriage and Parenthood } 25 cents per set.
 — Building Sex Into Your Life. For young men, but of } Paul Popenoe
 equal interest to young women. 25 cents.
 — Petting, Wise or Otherwise. E. L. Clarke. 25 cents.

For Teachers, Counselors and Students

(Most publications listed are suitable also for general reading)

Books

- Soldier to Civilian. Problems of readjustment. George K. Pratt. New York,
 Whittlesey House, McGraw-Hill, 1944. 233 p. \$2.50.
 The Veteran Comes Back. Willard Waller. New York, Dryden Press. \$2.75.
 Marriage and the Family. R. E. Baber. McGraw-Hill, 1939. 656 p. \$4.00.
 Personality and the Family. Hornell and Ella B. Hart. D. C. Heath. \$3.40.
 Sex Education. Maurice A. Bigelow. American Social Hygiene Association.
 New edition, 1936. 307 p. \$1.00.
 New Patterns in Sex Teaching. Frances B. Strain. Appleton-Century. \$2.50.
 Sex Guidance in Family Life Education. Same author. Macmillan Co. \$2.25.
 Sex Adjustments of Young Men. L. A. Kirkendall. Harper Co., 1940. \$2.00.
 Youth and Instruction in Marriage and Family Living. Laura W. Drummond.
 New York, Bureau of Publications Teachers College, 1942. 186 p. \$2.35.
 Women and Men. Amram Scheinfeld. New York, Harcourt, Brace and Co.,
 1944. 453 p. \$3.50.
 Marriage and Family Counseling. Sidney E. Goldstein. New York, McGraw-
 Hill, 1945. 457 p. \$3.50.
 Sex Education. A guide for parents, teachers and youth leaders. Cyril Bibby.
 London, Macmillan, 1944. 291 p. 7s 6d. (Emerson Books will publish
 an American edition shortly.)

Pamphlets

Pub. No.

- A Series of Studies of Some Problems Families Are Facing. A coun-
 seling guide for extension workers. Mimeographed outlines prepared
 by the War Food Administration, Extension Service, U. S. Depart-
 ment of Agriculture.
 — Sex Education. A guide for teachers and parents. Thomas D. Wood,
 Marion O. Lerrigo and Thurman B. Rice. 25 cents.
 A-220 Education for Marriage. Max J. Exner.
 A-517 What Is Sex Education? Ray H. Everett.
 A-546 Sex Education in School Programs on Health and Human Relations.
 Maurice A. Bigelow. 5 cents.
 A-569 Sex Education and the Schools. John H. Stokes.
 A-597 Preinduction Course for High School Students. Roy E. Dickerson. 5¢.
 A-601 Education and Guidance Concerning Human Sex Relations. Maurice A.
 Bigelow. 5¢.

For further information and additional lists of social hygiene books,
 pamphlets, exhibits, films and other materials, address

Publications Service

AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway, New York 19, New York

NEXT STEPS IN PUBLIC EDUCATION

A REPORT OF THE U. S. PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON PUBLIC EDUCATION FOR THE PREVENTION OF VENEREAL DISEASES TO THE SURGEON GENERAL JULY 18, 1945 *

EDITOR'S NOTE: When DR. WILLIAM F. SNOW and DR. HENRY H. HAZEN, as chairman and secretary of the Section on Education and Community Action, presented their challenging report to the National Conference on Postwar Venereal Disease Control in St. Louis in November, 1944, the comment was made "... this is the confession of faith ... now let us see the blueprint. ..." The present statement by the USPHS Advisory Committee of which Dr. Hazen serves as chairman † is an effort in that direction which will be welcomed by all who are concerned with this special field of endeavor or with public health and education generally. To enable the widest possible distribution among venereal disease control officials and social hygiene workers, the report is being given simultaneous publication in the JOURNAL OF SOCIAL HYGIENE and the JOURNAL OF VENEREAL DISEASE INFORMATION, December issues.

I.

This report is based largely on the following studies and inquiries:

A. The report of the Section on Education and Community Action, National Conference on Postwar Venereal Disease Control, St. Louis, Missouri, November 9-11, 1944.

B. A questionnaire mailed by this Committee to the Health Officers of State and large city health departments. This questionnaire sought reactions to the St. Louis report and asked several specific questions relating to venereal disease education.

C. Testimony of witnesses at a Committee meeting held April 17th and 18th, 1945. These witnesses presented opinions of a number of organizations and individuals competent in different phases of venereal disease control, education, social hygiene and social protection.

D. The report of this Committee to the Surgeon General dated June 3rd, 1944, which dealt with the use of radio and motion pictures for conveying information about venereal diseases to the general public.

II.

As a statement of general principles and philosophy covering the major phases of the total field of public education and community action for venereal disease control, social hygiene, and social protection, the St. Louis report is regarded by this Committee as a comprehensive and thorough study and as the basis for the formation of a program (see Appendix 2).

* See Appendix 1.

† Other members of the Committee are Dr. Snow, Mrs. Eugene Meyer, Dr. George F. Baehr and the Rev. Alphonse M. Schwittala, S.J.

The report of the St. Louis group and other information coming before the Committee reinforce the belief that public education and community action are so closely interwoven as to be inseparable. It is equally obvious that successful control of venereal diseases in the foreseeable future will be impossible without full use of public education and community action, functioning through various types of planned community organization.

III.

The answers received from the questionnaires mailed out by the Committee to State and local health officers reveal the following opinions (see Appendix 3):

A. Unanimous demand for greater emphasis on venereal disease and social hygiene education in the control program.

B. A definite belief that venereal disease education efforts should be directed largely to the population groups having the highest incidence. Although the groups were not specified it is obvious that both young people and Negroes are included in the "highest incidence" classification.

A surprising result of the questionnaires was the relatively little attention given to the need for educating patients. Since this need is so obvious to anyone experienced in venereal disease control, it is assumed that the health officers took this for granted, particularly in relation to the preceding question which was whether "greater emphasis" was needed on the educational phases of control.

C. A long range educational program of sustained intensity received overwhelming indorsement.

D. The health departments need the aid of other agencies, both official and voluntary in conducting programs of education and community action.

E. A heavy majority of the health officers believes that the intensified long range, venereal disease education program should be conducted as part of an intensified general health education and community organization program. To the Committee this seems significant.

F. There is unanimous belief that the needed type of community health education, including venereal disease education, can best be obtained through the full time work of qualified health education personnel.

G. The majority of health officers believes that this personnel, for adult education, should be provided by or through health departments.

H. The majority of State health officers desires special assistance from the U. S. Public Health Service in training State or locally employed health education personnel. They also believe that the U. S. Public Health Service should assist the States by providing increased advisory services of specialists in health education, information, and community organization.

Public Lib
Kansas City,

IV.

The information presented to this Committee makes obvious the fact that there is great need for a large increase in the number of trained health education, information and community organization workers. This need can best be met by:

A. Expanded use of the health education training facilities now existing at Yale, the University of Michigan, and the University of North Carolina, and the recruitment and training of more personnel experienced in mass education or "informational" work.

B. Establishment of training facilities for Negro health educators at Howard University, preferably as part of a complete graduate school of public health. Development of new and special facilities for training at a Negro university does not mean that present available facilities should henceforth be denied to Negro workers. Instead, the Committee recommends conscious effort to achieve even greater use by Negroes of these existing facilities concurrently with the development of any new facilities.

C. It is probable that use can be made by health departments of Army and Navy veterans who have had special training and experience in venereal disease education and epidemiology during their service years.

The proposal made by the Venereal Disease Division of the Public Health Service to State health officers in this connection is heartily indorsed. It is suggested that this Division prove the value of the proposal by employing and carefully training a few of these men and assigning them to selected States for a demonstration period.*

D. The Committee, therefore, strongly recommends that the U. S. Public Health Service create or expand as rapidly as possible facilities or services for helping the States train health education, information and community organization personnel and to increase its advisory and consultation services to the States in this special field of public health.

V.

The committee believes that the St. Louis report contains the most valuable suggestions yet existent as regards the needs and technics for community action. The following suggestions are made:

A. It is apparent to this Committee that local health departments must obtain more active and widespread aid for the achievement of the total objective of the venereal disease control process. This aid will be more readily given if the total objective of the venereal disease program is effectively presented to and accepted by the social hygiene groups, religious organizations, the professions, official and voluntary agencies concerned with labor, management, education, et cetera. Even if such groups are specially interested in some special phase of the control program, to be effective, they must be mindful of the phases which are of special interest to the other groups, thus securing necessary community integration.

B. Full approval for local use is given to the statements contained in the St. Louis report as to the need for and the method of teaching

* See Appendix 4.

appropriate facts about venereal diseases and control measures to parents, school children, professional groups including clergymen, patients, "floaters" and the general public.

C. With reference to the active cooperation of the churches in the programs of the health departments, the following statement is submitted by an official of the Federal Council of Churches of Christ in America. The statement may form the basis for positive action by Church groups in particular regions or localities and merits keen support from Federal, State and local health departments. This suggestion reads as follows:

"There are five aspects of the program of education for the prevention of venereal disease for which churches can assume a more or less direct responsibility.

"1. Bringing into the open the facts about the high incidence of venereal disease. Churches can encourage and support the efforts of the government health agencies and other community agencies to do this directly and through the media of information such as the press and radio.

"2. Acquainting the public with facts with regard to the legal and medical programs for preventing such diseases and treating infected persons. Churches can encourage and support the spreading of such information.

"3. Arousing the public to the need for a broad program of social improvement directed towards the elimination of the more tangible factors contributory to promiscuity. This would involve such matters as general education, housing, recreation, and income. Churches can support such a program, and in some instances initiate and promote it in cooperation with other community agencies.

"4. Emphasizing the sanctity of marriage and the integrity of the family as indispensable to the well being of the individual and society. Churches have the primary responsibility in this matter and should have the encouragement and support of secular community agencies both governmental and voluntary.

"5. Improving and extending general instruction on sex, always in the spiritual and moral settings of religion. Churches can collaborate with other professional agencies and groups in providing the setting, and in defining and guarding the standards and procedures for such instruction. They can claim, though not exclusively, responsibility, for providing such instruction to their own children either directly or through parents.

"In connection with all aspects of such an educational program churches should provide the prerequisite moral imperative of personal and social responsibility."

D. The health officer as part of his total obligation for developing public education and community action should make every effort to work with and obtain the cooperation of law enforcement agencies in support of the venereal disease control program.

At both State and local levels the health officer should work conscientiously for uniform observance of laws requiring prenatal and premarital examinations for venereal disease. Where laws or regulations are lacking the health officer should actively seek them through appropriate agencies.

E. This Committee again emphasizes the responsibility of those in charge of local control programs, implied in the use of such mass education media as the radio and the motion picture. It is urged that the U. S. Public Health Service stimulate the production of films of high artistic, educational and moral merit suitable for showing not only to classified and selected audiences, more or less homogeneous, but for the general public as well; the script and action to be graded in content, appeal, motivation, and presentation, thus adapting them to sound educational principles to the audiences for which they are intended. It is further recommended that films shown at local movie houses be advertised according to recommendations made by this Committee in its report to the Surgeon General on June 3, 1944. A similar recommendation is made for the development of radio materials and programs for local use (see Appendix 5).

F. The Committee again emphasizes the fact that the local health officer has an official and professional obligation to initiate general health education programs in his community, if none already exist. Where there are established programs, comprehensive in their objectives and medically, socially and morally justifiable as to content and method, the health officer must be obligated to support and cooperate with them. It should be emphasized that whether the health officer initiates new, or supports existing programs, he is equally responsible for the degree of excellence of all the phases of the program since the lessened excellence of any one phase of the program may decrease the otherwise superior results of the remainder of the program. These obligations of the local health officer for educating the public have an even greater force with respect to venereal disease than they have with reference to other threats to the public health, such as smallpox, typhoid and other communicable diseases.

The Committee is so strongly convinced concerning these needs for education as an essential part of venereal disease control that it recommends to the U. S. Public Health Service the development in the regulations governing expenditure of Federal grants-in-aid for venereal disease control, of minimum standards for public and patient education, so that both the individual's and the community's health be protected.

VI.

The Committee strongly urges Federal, State and local educational efforts to reach the so-called "floaters" population made up of persons without established home and family or religious background. Education of these persons concerning the various aspects of venereal disease is essential to prevent infection and for case-finding purposes. It is believed investigation should be made of the best ways of reach-

ing these groups. Naturally the same principles apply to this group as the more stabilized ones.

In addition to training and employing more Negro health educators the Committee believes that special study should be given more effective methods of conveying venereal disease education to both urban and rural Negroes. Such devices as the use of Negro insurance agents to distribute literature should be studied, with the firm understanding that such a procedure might prove dangerous unless properly safeguarded.

VII.

The majority of the Committee reiterates its belief that more emphasis must be given by official health agencies and private physicians to providing instruction in personal prophylaxis for persons who obviously need this information and who will not respond to advice or moral or educational methods of prevention.

VIII.

It is recommended to Federal, State and local health departments that every effort be made to bring venereal disease education to industrial groups. Experience gained in the demonstration programs conducted by the American Social Hygiene Association and by several local and State Health departments indicates that this is a most economical and effective means of venereal disease education.

(Signed) H. H. HAZEN
Chairman, Advisory Committee

MINORITY OPINION

In endorsing this report and voting for its transmission to the Surgeon General of the Public Health Service with the strong recommendations of the Advisory Committee, I do so with two important reservations: The first, with reference to the endorsement of the production of radio scripts and motion pictures intended for the general public (*Paragraph V, E*), and the second, with reference to "instruction in personal prophylaxis for persons who obviously need this information and who will not respond to advice or moral or educational methods of prevention" (*Paragraph VII*).

1. In my opinion, radio and motion picture scripts cannot be produced according to sound educational principles if they are intended for the general public. It is generally admitted by all the members of the Advisory Committee that to be effective, radio and motion picture scripts must be graded "in content, appeal, motivation and presentation" for classified and selected audiences. What justification can there be for producing pictures or radio scripts "for the general public," that is, for children and adults, the educated and the less well educated alike? What sound educational principle is being followed in such production? The reason for emphasizing this point is that the degree of responsibility "of those in charge of local control programs" is quite different when radio or motion picture appeals for the control of venereal disease are made before general than when they are made before selected audiences.

2. Instruction imparted with the intention of effecting personal prophylactic practice, if by these words is meant contraceptive procedure, can never, in my opinion, be justified, certainly not when it is given by an official health agency, and even if it is given to persons who will not respond to advice or moral or educational methods of prevention.

ALPHONSE M. SCHWITALLA, S.J.

APPENDIX

(1)

"Dr. Thomas Parran

Surgeon General, U. S. Public Health Service
Washington, D. C.

Dear Doctor Parran:

Submitted herewith is the report of your Advisory Committee on Public Education for the Prevention of Venereal Diseases. The report seeks to define broad general principles and to coordinate venereal disease education both with other aspects of venereal disease control and with public education and community organization for dealing with other health problems. In order that these principles may lead to definite activity, the Committee has incorporated into the report a number of recommendations for administrative action by the U. S. Public Health Service, and through Service leadership, by State and local health departments.

This report is based on previous studies by the Committee, on the testimony of a large number of competent witnesses representing various official and voluntary agencies, on the report of the Section on Education and Community Action, St. Louis Conference on Postwar Venereal Disease Control, and on recommendations received from a majority of State Health Officers. Officials and educational specialists from the Venereal Disease Division and the Public Health Methods Division of the U. S. Public Health Service were also consulted frequently by the Committee.

You are, of course, at liberty to use this report in any manner you wish. It is hoped, however, that if public release is given it will be through Service channels as an official statement of U. S. Public Health Service policy.

Sincerely yours,

H. H. HAZEN,
Chairman, Advisory Committee."

(2)

From the Report of the Section on Education and Community Action, National Conference on Postwar Venereal Disease Control November 9-11, 1944, by W. F. SNOW, M.D., and H. H. HAZEN, M.D.

"The major part of the fight against syphilis and gonorrhea must take place in the community, and must be supported and joined by all important elements of community life. The local health department is primarily responsible for prevention and control of venereal diseases. However, definite responsibility is also borne by local law enforcement, social protection and welfare agencies, the medical and allied professions, and by schools, churches, and civic organizations. The influence of these varied interests and agencies is most efficient when mobilized through a carefully planned program of cooperative community action."

* * *

"There are, of course, organizations present and already at work in many communities whose objectives are synonymous with or

directly related to venereal disease control. Social hygiene societies, social protection committees, wartime health councils, councils of social agencies, and various specialized health associations are examples. But in many areas there are no such groups; and sometimes even when they are present they may be ineffective or unwilling to cooperate. It becomes of paramount importance, then, that State health departments, the U. S. Public Health Service, The Social Protection Division, and The American Social Hygiene Association, cooperatively promote organization in those communities where organization is lacking and where the problem is severe."

"The Section on Education and Community Action recommends the practice of stimulating laymen to study all types of health problems for the purpose of developing organized methods for their solution, often leading to the creation of a lay Community Health Council. This may be city or county-wide in scope depending on the nature of the area; and it may direct its efforts toward improving all types of local health conditions, bearing in mind, however, the urgency and importance of the venereal disease problem, and the practical program for their eradication which has now been demonstrated. Where there are several health groups already represented they may wish to form a Council to serve as a coordinating as well as a promotional body. Often a civic coordination body already exists and may be persuaded to consider health and venereal disease control measures as an integrated function of the organization.

"In the absence of these facilities the following procedure is recommended:

"1. Under the auspices of one or more responsible public or private civic bodies, call together a group composed of designated representatives of city and/or county commissioners, bar association, medical society, chief of police, county sheriff, city and/or county health department, board of education, chamber of commerce, merchant's league, service club, ministerial associations, inter-racial committee, welfare association, labor group, parent teacher groups, voluntary health agencies, social hygiene societies, and social protection committees and similar groups which have some professional or community interest in the field. The facts of local health conditions should be presented and thoroughly discussed, the group asked to plan for solution of the problem. This often leads to the appointment of a steering committee and the selection of a number of influential and public-spirited citizens and officials to serve as a board of directors responsible for drawing up a comprehensive tentative plan. A small executive committee should be chosen and a chairman elected from among the members of this group to meet with various appropriate officials to draft the program. This should be put in writing. Assistance in this drafting process can usually be had from the State or local venereal disease control officer, health educator, and social protection or social hygiene representatives.

"2. It has usually been found helpful to encourage interim interest and activity of the members of the board of directors by designating

several sections, with a capable and influential specialist serving as chairman in charge of each. The following Sections are usually included:

- "a. Law Enforcement
- "b. Social Welfare
- "c. Health Education and Information
- "d. Medical Services
- "e. Group Participation

"3. It is recommended that each section be responsible for its share of the total program, and that their day-to-day activities be coordinated through an executive secretary responsible to the Executive Committee of the Board. Where possible this secretary should be a full-time employee, experienced in community organization work, and thoroughly familiar with the community and its problems.

"4. No community action campaign is successful in the long run unless it reaches and motivates the average man. It is his health we are concerned with and his cooperation obviously should be secured. Education alone will not suffice; active public participation is required.

"5. Because venereal diseases are closely tied up with personal habits and emotional adjustments the mental hygiene aspects of a control program should not be overlooked. It is recommended therefore that preventive mental hygiene and corrective personal guidance activity be specifically included in the program of the community committee, probably under the supervision of the social welfare section.

"The value of the generalized health approach, particularly from the long range viewpoint, lies in the greater likelihood that citizen interest and participation can be elicited and maintained, and in the administrative soundness of such procedure. There is a minimum of emotional or prejudicial opposition. Venereal disease, as one of the urgent community problems of our time, must receive its full share of attention from the whole community.

"Because of limited economic, social and educational opportunities and other conditions which have aided the spread of the venereal diseases widely among members of their race, Negro leaders are most anxious to cooperate actively in national, state and local control efforts. In many areas some of the most effective preventive and educational work has been accomplished principally because of this cooperation. Therefore, it is recommended that particular attention be given to securing full participation from responsible Negro leaders in all phases of community organization for venereal disease control."

(3)

Results of a questionnaire sent to State and large City Health Departments by the Advisory Committee. Due to the fact that some questions were not answered on all returned questionnaires, and that others were answered more than once, some statistical discrepancies were unavoidable in this tabulation.

EDITOR'S NOTE: The same questionnaire was sent to social hygiene societies, and the results of replies received are listed in a parallel column.

Health Officers Social
Hygiene Societies

"1. Do you believe greater emphasis on venereal disease and social hygiene education is needed in the control program?

Yes—57 Yes—30
No— 1 No— 0

"2. If answer to above is yes, check one or more of the statements below to indicate where this increase should be concentrated, indicating numerically the relative importance of each:

	1st Place	2nd Place	* 1st Place	* 2nd Place
a. General public.....	13	5	7	2
b. Population groups having highest incidence	16	16	7	1
c. Patients	5	5	0	1
d. School children	9	8	3	5
e. Parents	7	4	5	8
f. Special and professional groups, interests and agencies in the community such as police, teachers, welfare agencies, industry, churches, hotel owners, etc.....	9	9	1	6

"3. What type of program is needed:

a. Medium duration and very intensive....	6	2
b. Long range, no special intensity.....	8	7
c. Long range and sustained intensity.....	48	21

"4. Will it be necessary to make extensive use of other agencies and organizations in the community to conduct effectively the type of program desired:

Yes—56 Yes—28
No— 2 No— 2

"5. Should the intensified venereal disease and social hygiene program be conducted:

a. As part of the intensified <i>general</i> health education and community organization program	39	17
b. As a specialized program in venereal disease control, social hygiene and social protection	15	8
c. A combination program which begins with venereal disease and develops into a general program	7	5

"6. In your area, will full time salaried personnel, especially qualified in health education and community organization be required to conduct the desired program?

Yes—57 Yes—20
No— 1 No— 9

* Several replies rated the choices of equal importance.

Social
Health Officers Hygiene Societies

"7. If the answer to the above is yes, do you believe this personnel should be provided by or through the health department?

Yes—57
No— 1

Yes—16†
No— 9†

"8. If you favor special educational and community organization effort either for venereal disease control or for general health purposes, what type of assistance would be required from U. S. Public Health Service? (If you should check more than one, indicate numerically the relative importance.)

	<i>1st Place</i>	<i>2nd Place</i>	<i>* 1st Place</i>	<i>* 2nd Place</i>
a. Assignment of Federally employed personnel	16	2	3	1
b. Increased consultation and advisory services by health education and community organization specialists	14	16	15	4
c. Special assistance in training State or locally employed personnel	23	12	5	4

* Several replies rated the choices of equal importance.

† Qualifications on a large number of these replies stated that personnel should be furnished by whatever agencies could do so.

(4)

State and Territorial Health Officers Consider the Problem of Venereal Disease Control. J. R. Heller, Jr., J. Ven. Dis. Inform., 26:168-175, August, 1945.

(5)

Report to the Surgeon General by the Advisory Committee on Public Education for the Prevention of Venereal Diseases following a meeting April 26-27, 1945, Washington, D. C., to investigate the desirability of using radio and motion pictures for venereal disease education purposes. Thirty-one national organizations, official and voluntary, interested in various phases of venereal disease control were represented at the meeting and sixteen others submitted written statements. Pertinent abstracts from the report follow:

"The Committee is of the opinion that the radio is an acceptable means of disseminating information to the public.

"The Committee believes that the showing of films to selected groups must be utilized extensively.

"The Committee is also of the opinion that the commercial cinema should be utilized to the greatest extent practicable, provided that their programs are safeguarded against any films which do not maintain the highest standards of science, dignity and artistic merit, and which have had the approval or favorable comment of official health authorities and of voluntary agencies representative of family, school, church and welfare community interests.

"The Committee suggests that any film intended for general motion picture audiences should be characterized by the following points:

- “(a) Fairly broad coverage of the subject.
- “(b) Continuity.
- “(c) Strength in the presentation of moral and ethical values.
- “(d) Condemnation of promiscuity.
- “(e) Dramatic value.
- “(f) Good technical work.
- “(g) The use of statistics only when necessary and effective.
- “(h) The avoidance of indecent incidents.

“*The subject matter of a commercial film dealing with venereal diseases must be stated in advance of showing by at least two of the following methods:*

- “(a) Reviews in the press.
- “(b) Advertisements in the press.
- “(c) Appropriate notices at the theater informing the public before entry that the program includes the subject of venereal diseases.”

Social Hygiene Day—1946

Building Better Health

It is the conviction of experts in the field of public health that the virtual eradication of syphilis and gonorrhea can be accomplished within the foreseeable future. “It will take brains, money, courage and patience but the rewards of victory will do more for the family, for human happiness, and for the future of America than the solution of any of our other great health problems.” Whether this battle against death and disability by preventable disease will be won within our time rests with the American people. Do they fully understand the fearful cost of the venereal infections? Are they prepared to support—by their actions and with their tax dollars—programs designed to find and treat existing cases? Will they give their best efforts to forwarding a preventive program of education, character building, and creating of good community environment? Social Hygiene Day meetings are dedicated to the great task of telling all the people how they may build better health in the world beyond victory.

Building Better Homes

Happy homes and successful lives are built on the lessons learned from informed and understanding parents—teachers—religious leaders. Education for marriage and parenthood begins in the home, is carried forward by instruction in the school and by the church, and receives its final test in the course of everyday family living. Fathers and mothers need help in learning how best to guide their children. Teachers need special training in order to carry out the school’s part in education in human relations. The church needs to put special emphasis on instruction designed to give young people high standards of sex conduct. Social Hygiene Day programs will be devoted to a consideration of how this great triumvirate of home, school, and church may join forces for this constructive, long-term task of social hygiene.

Building Better Communities

Commercialized prostitution strikes at the home and the family, encourages sex delinquency, exploits young people for profit, injures public health by spreading the venereal diseases, and increases municipal graft by allying itself with other lawless, anti-social forces to corrupt susceptible police officers. This “ancient evil” was effectively repressed in this country during the war period: we could not afford the wastage and disorder that characterize this illegal business. With the end of hostilities, however, the danger that some American cities will return to their old habits of tolerating prostitution is very great. The citizens of these towns must understand that any community which tolerates prostitution is not a good place for young people to grow up in. Parents—teachers—clergymen—community leaders should grasp this fact—and act upon it. Social Hygiene Day programs will put this vital problem before the people of America that they may safeguard their communities well and wisely for the years beyond victory.

Public Lib
Kansas City

PROSTITUTION, CRIME AND JUVENILE DELINQUENCY

DOES PROSTITUTION BREED CRIME?

As the prostitution racketeers muster forces to make good their boast that "the business" will open on a big scale "now that the war is over," and (as they believe) the nation's communities will be less active in repressing such activities, all the old fallacious arguments for "red light districts" and segregated areas are brought to bear again by those who stand to make money out of these enterprises.

Two of these arguments, used by the underworld for many years, are:

That setting aside a certain part of the community for prostitution activities decreases crime generally, by enabling the police to concentrate on supervision of a recognized crime center.

That segregation of prostitution in this way prevents rape and other sexual crimes against respectable women.

The facts, of course, are quite to the contrary. Careful study of selected communities shows:

That segregation increases crime, by fostering viciousness and disease, by providing a meeting-place for the idle and vicious, with whom, rather than the police, the prostitutes sympathize and usually cooperate.

That segregation incites crimes against women, by fostering sexual promiscuity and providing a source of sexual brutalization and degeneracy.

Evidence of the truth of these facts keeps piling up. A recent example is seen in a letter from Superintendent of Police Forrest Braden, head of the Police Department of Terre Haute, Indiana, to Howard Feast, Regional Representative of the Social Protection Division, Federal Security Agency:

POLICE DEPARTMENT

TERRE HAUTE, INDIANA

Mr. Howard F. Feast, Regional Representative
Social Protection Division, Federal Security Agency
Chicago 1, Illinois

April 9, 1945

Dear Sir:

Replying to your inquiry of April 6, re vice and crime: For nearly 50 years Terre Haute's "West End," a so-called segregated vice district, was notorious; at some times worse than others, depending on the attitude of officials. I am advised by old residents that at one time there were 44 saloons and between 300 and 400 prostitutes in this section, three or four city blocks square.

A check by outside authorities in the Summer of 1942, about six months before we assumed office, lists 54 houses containing 104 prostitutes. At the present time, by a recent check, there are 24 women known as ex-prostitutes living in this section, many of them old women who own their homes and about whom we can do little although they will cheat if we relax our vigilance . . .

With the closing of the vice district, the effect on crime was noticeable . . .

In 1942 there were 48 robberies (stick-ups), in Terre Haute, which is near the average of former years. In the first year of the present administration, which ordered the places closed, there were 13 robberies.

In 1942, of the 48 robberies in the city, 18 of them occurred in the "West-End."

In 1943, of our total of 13 robberies in the city, none occurred in this section. It was this drop in robberies that Mr. Hoover wrote us about, as it looked like we might not be classifying crime properly. We are expecting to hear from him again as we had but three robberies last year, one of which was reported to us the next day by a man who was still under the influence of liquor who claimed he was robbed in the West-End. We doubted his story, but listed it as a robbery anyway.

Last year's record is so out of line, only three in the entire year, that we expect it to set a record for all time, as it is an unreasonably low figure, one we never expect to experience again.

Our record of aggravated assaults dropped during this two-year period from 36 in 1942 to 14 in 1943, our first year, and from 14 to 4 last year—a record so low that we do not expect to equal it again.

Our experience with the more serious crimes, murder, robbery, aggravated assault, burglarly, larceny in amounts of \$50 or more, and auto thefts, was a reduction of 23 per cent in 1943 as compared with 1942, and our record of these offenses last year, 1944, compared with 1942, showed 42 per cent less. A similar comparison, 1944 against 1942, the third year of the war against the first year, among the other cities of the country with 1940 populations between 60,000 and 70,000, show an average increase among the other cities of 17 per cent, compared with our decrease of 12 per cent. These figures could be misleading with reference to other cities, particularly those with long records of good administrations. Our record here is partly due to the fact that we found so much room for improvement. There are several cities in our population class with far better records than that of Terre Haute as to number of major crimes; cities with long records of good administration. We can lay claim only to a good record of improvement compared to former years. There is yet much to do.

The old idea that police should confine their efforts to fighting the more serious types of crimes and not concern themselves with matters that merely affect the morals of a community was discarded by the best police authorities many years ago. Commercialized vice, gambling and prostitution, cannot exist without giving rise to more serious offenses. A "wide-open" reputation invites the worst kind of citizens, gamblers, prostitutes and their procurers, thieves and thugs and people generally who flock where they feel that their kind is not unwelcome.

Any experienced police official knows that "regulated vice" is merely a smoke-screen hiding graft and crooked politics.

Yours very truly,

FORREST BRADEN

Superintendent of Police

Terre Haute furnishes only one instance. Here is another. In the City of Honolulu, Territory of Hawaii, a strongly organized system of regulated prostitution, with a gross income of from ten to fifteen million dollars a year, flourished for some years. On September 21, 1944, by direction of Governor Ingram M. Stainback, who acted at the request of the community, the Honolulu police department closed the brothels. A year later police department figures for the 11 months just previous, showed, in comparison with the same period for the year before, when the houses were open, a definite decrease in rape cases, and in other sex crimes, including adultery and fornication.*

Many other communities have doubtless had this same experience. "For the record" and the reinforcement of the postwar campaign against prostitution, JOURNAL readers are invited to send in instances of which they have knowledge.

PROSTITUTION AND JUVENILE DELINQUENCY

Another favorite argument of the underworld is to the effect that young people, especially boys and young men, are protected from contact with prostitutes and other degrading influences, when these exponents and evidences of the racket are confined within a segregated prostitution district.

Here again the facts are otherwise.

Quoting the Honolulu experience again, it was found that the vicinity of the prostitution houses was a favorite spot for young boys of 10 to 15 years, who hung around with shoe-shining outfits, "kidding" with the soldiers and sailors standing in line to wait their turn in the brothels, about their prospective visits. In a half-page advertisement *One Year After* published in the *Honolulu Star-Bulletin* on September 21, 1945, the Honolulu Social Protection Committee said, "Our community has also benefited, among other ways, by removal of conditions fostering juvenile delinquency, giving us a better place to raise our children."

In this connection we publish here a statement which social hygiene societies and other community officials and agencies, clubs and church groups and numerous other organizations are using with effect:

"A community that tolerates prostitution encourages juvenile delinquency.

Delinquency breeds in prostitution areas.

Respect for law and order cannot be instilled in American boys and girls when they live next door to or across the street from places which *they know* are operating in violation of the law.

* The story of the efforts to arouse public opinion and secure community action in Honolulu will be told in an article *Fighting "Sin in Paradise"*, by Ferris F. Laune, Secretary of the Honolulu Council of Social Agencies, to appear in an early issue of the JOURNAL OF SOCIAL HYGIENE.

No one but a hypocrite can openly profess an interest in the prevention of juvenile delinquency and at the same time give tacit assent to the operation of brothels.

Where do the brothels operate? "Across the tracks."

Where does delinquency breed? "Across the tracks."

Houses of prostitution are constantly recruiting young girls as inmates.

Would you live next door to a house of prostitution? Would you want *your* children to be running errands for prostitutes and procurers?

Families *do live* next door to these houses and their *children do see* a sordid life which may look glamorous and highly profitable. A 14-year-old girl is making a decision in life—shall she marry and try to rear a family on a meager income—or shall she become "one of the girls" whose cheap furs look like ermine; whose "work-day" starts at noon.

Society has an obligation to help her to make that decision. Eliminate indecision by closing the brothels!"*

* This statement, with Chief Braden's letter and other pertinent text, is included in the folder *Does Prostitution Breed Crime?* prepared by the Social Protection Division, Federal Security Agency and published and distributed by the American Social Hygiene Association as Pub. A-626. Agencies joining in circulation of this publication are the International Association of Police Chiefs, the Federal Council of Churches, the U. S. Chamber of Commerce, and many other important and influential organizations.

"Ideally, the education and guidance given individuals during formative years should be so complete and positive that any future behavior would be in accordance with acceptable social standards. The home, school and church should have so demonstrated its principles and indoctrinated its youth that in each succeeding generation sex delinquency, exploitation and mishap would not occur."

"That such a small part of our population becomes involved in delinquency, marital maladjustments and exploitation is evidence of the effectiveness of the forces of education, religion and family life. On the other hand, the prostitution, promiscuity, divorce and separation of these days is symptomatic, to a large extent, of the shortcomings among those same forces."

"The adoption and enforcement of those measures which attempt to prevent promiscuous sex behavior and thus protect marriage and the family is regarded as one of the main aspects of the social hygiene program. Until every community has accepted all the responsibilities involved and adopted and put into operation every possible safeguard, the voluntary social hygiene program must continue its work along these lines."

from *Beyond Victory, Program and Publicity Aids*
for National Social Hygiene Day, 1946

TOWARDS A NEW WAY OF LIFE
A PROGRESS REPORT ON WORK WITH PROSTITUTES AND
PROMISCUOUS GIRLS IN THE CITY
OF BALTIMORE

MAZIE F. RAPPAPORT

Chief, Protective Service, Baltimore Department of Public Welfare

The Protective Service of the Baltimore Department of Public Welfare, set up two and a half years ago to offer casework help to prostitutes and promiscuous girls who might want to try to make a new start in life, grew out of the City's awareness that here was a problem needing to be met by the whole community. Stimulus for the project came from the Baltimore Venereal Disease Council, made up of military and civilian agencies including the Department of Public Welfare which were gathering their forces to repress prostitution and to find and treat venereally infected men and women in the community. In March, 1943, the Council urged that such a service be established in the Public Welfare Department, and that girls and women referred by health, police, court and other community agencies should be received. The Service actually came into being in June, 1943.*

Three important facets were seen in the job and have governed its conduct:

1. Direct casework service to the girls in making a new start.
2. Constant cooperation with agencies and institutions which come in contact with girls and to which the Service looks for referrals.
3. Development of resources for helping the girls make adjustments to normal life.

It was recognized that the functions of police, health and welfare agencies as they relate to this problem, are different and should not be confused, either for the girl or the community. It is accepted that the police department will apprehend sex offenders and will repress prostitution, that the health agencies will find and treat venereally infected patients, and that the role of the Department of Public Welfare is to help these persons to accept responsibility for their own behaviour by learning a more satisfactory and satisfying way of living.

As a social welfare agency, the Department of Public Welfare does not undertake to explore fully the problems lying behind pros-

* The Protective Service is one of four divisions of the Department of Public Welfare, the other three being the Family Service, Child Placement Service, and Hospital Service.

titution in the community, nor does it try to combat these problems. The Protective Service must be aware of all the factors involved, and must work closely with agencies responsible for repression of prostitution, or for efforts touching the situation in any way. Moreover, the other agencies must be made reciprocally aware of what the Service has to offer. A great deal of attention has been given to being readily available to health law enforcement, penal and court agencies, for it must be accepted that delinquent girls do not come searching for help. Our workers from the first have constantly visited the prison, the jail and other sources of referral, offering and interpreting the Service to both officials and girls.

TRYING TO MAKE A NEW START

About fifteen hundred girls and women have been referred to the Protective Service since the first ones were interviewed in August, 1943. About four hundred girls have wanted and made use of the Service. The remainder, by their own choice, have gone their own ways.*

The referrals fall into four groupings:

1. *Girls referred by clinics, agencies, et cetera.* Here the girl is free to ask for and take help as something which she, herself, elects to do *before* getting into difficulty with the police, the courts and the penal institutions. These girls usually have either syphilis or gonorrhea, or both, and have been named as contacts by soldiers or sailors who have been found to have a venereal disease.

2. *Girls coming from the police courts, the police department, et cetera.* Where no sentence has been imposed, and girls released from institutions such as the Women's Prison and the Baltimore City Jail, where the girl has completed her sentence and wants help in returning to community life.

3. *Girls on suspended sentences.* These girls are referred by Criminal Court, Part II, and by the Magistrates' Courts. The Department of Public Welfare in assuming the probation service for these girls is responsible to the courts.

4. *Girls coming from the Rapid Treatment Center.* These girls, the majority of whom have been promiscuous, come to the Protective Service voluntarily, following eight to fifteen days treatment for syphilis. During their stay in the institution, they have had some relationship with the Rapid Treatment Center Social Worker, who offers to help the patient use for herself the opportunity to make a new start which cure makes possible for her.

* Our workers offer the Service to every prostitute and promiscuous girl we can reach, although we know that there are many who do not want to, or perhaps cannot, leave this way of life, and that there are others who for various reasons cannot learn to use our help. We are satisfied that we are making progress if only one or two in twenty can use it. Once the girl accepts the Service and tries to use it, she is eligible for help so long as she tries to stop prostituting. Her eligibility is reconsidered with her constantly in her relationship with the agency.

The girl in the first group, referred by the health agencies, has often not had any experience with the police. She is usually upset about the medical diagnosis and over the fact that her soldier has reported her. She often is pretty scared and disturbed, in a diffuse sort of way. She is likely to be a young girl, the adolescent—showing all of the defiance of adolescence—longing to be independent and grown up and yet at the same time being terrified by the prospect of being “on her own”. To express this desire for independence by becoming promiscuous is harmful and socially unacceptable, and so she is in trouble and usually blaming everyone but herself for it. With this type of girl, others usually want her to be helped. Rarely does the girl want it for herself. The referring person or agency wants the girl to quit prostituting more than she herself wants to quit. Often the Protective Service seems to the girl more like an extension of the health or police departments than like the separate agency it is.*

It is hard to make girls in this group assume responsibility. The girl feels guilty, of course, but no one can *make* her do anything about her behavior, and often she pushes on into further difficulty. There is no way of holding her back. Some of these girls have full time work in factories. Many are waitresses. Some are still in school. Promiscuity with soldiers is a way of using leisure time. It is a way, even now, of being patriotic. When such a girl can really be “reached”, she is often found to be homesick, scared, unsure of herself and utterly miserable. If she is away from home she may finally ask for help in getting back to her place of legal residence. Sometimes, under several layers of aliases, can be found a local girl previously known to the Juvenile Court, the private and public institutions and agencies.

While in many ways this group is and should be the most hopeful, because of its youth and newness to prostitution, it is also the hardest to work with. I believe that the girl in this category could really be helped more if there were some way of holding her on probation. She is known to be promiscuous and she knows that she is promiscuous, but there is no charge against her. She is a delinquent minor (or a delinquent adult) and could probably benefit from knowing just how much further she can or cannot go with this behavior.

The second group includes girls who have been picked up by the police and by agencies or who have been dismissed by the magistrates, as well as girls released from penal institutions after serving their sentences. None of the girls in this second group are held on any charges. Some of these girls ask for help in returning to their home towns, but nothing else. This group seems more hopeful than the first, but here, too, the question of authority arises. Is it a service or disservice to allow them to go on until they get into real difficulty?

* It is likely that only as the police function is extended into *prevention* as well as *repression* of prostitution and only as the health department quarantines the recalcitrant patient that the pressures of these two agencies will help some of the girls in the first group to decide they will quit promiscuity or take all of the risks in continuing.

Is the policeman watching these girls or are they watching the policeman?

Group 3, the girls on suspended sentences, are different. Here, the Protective Service carries all of the authority of probation. The length of probation is clearly and definitely established. In working with such a girl the Protective Service says to her that if she is planning to stay on suspended sentence—if she is planning to stay out of prison—then her behavior must be different. She has some responsibility for making it different. We can help her to do that, but we cannot do it *for her* or *to her*.

In this group are also the girls referred by the courts "for a satisfactory plan". This in effect means that the judge or magistrate is not ordering the girl out of town but will release her on a suspended sentence if her plan to return home seems to the Protective Service to be a sound one. This involves exploring with the girl the possibility of her going back home or to relatives with whom she believes she can live and make a better adjustment for herself. We leave to the girl the responsibility of getting in touch with the relative and bringing to us some evidence that this relative is willing for her to come there to live. The social worker and the girl then consider together whether this plan is sound and on what basis the agency can accept it. This has usually resulted in the court releasing the girl and our experience indicates that if she has done this much about getting home she goes home. To date not one girl in this group has come to our attention again. In a few cases this serious evaluation of her plan to go home has resulted in the girl understanding that her plan is not a sound one and she has thereafter been placed on probation to the Protective Service.

The girls in the fourth group come to us following completion of medical treatment. The Rapid Treatment Center offers one more opportunity to reach out towards the girl who may want help but does not know how to seek it. We have learned from experience at the Center that people do care whether or not they have syphilis. It is erroneous to believe that inability to secure the old prolonged treatment or lack of interest in taking it was any measure of whether the patient minded having syphilis. The new rapid treatment releases the patient from what seemed like endless treatment and what to many a patient must have seemed like punishment for "sins". All the feeling of guilt about behavior could be focused on hating and refusing the treatment. The new rapid treatment, however, removes this mixed feeling of guilt, punishment and hopelessness. It lets the patient who is able and willing to take the treatment make a new start again. We believe that facing a new start is not always easy since unless the patient changes behavior the same difficulty may soon occur again. For this reason we have placed an especially skilled, experienced social worker at the Rapid Treatment Center to work with these patients. To date, she has limited herself to working on the female wards. When the patient shows interest in trying to stop being promiscuous, the worker offers help from

the Protective Service. In this way the patient on leaving the hospital knows where help is available.

The ages of the girls who have been referred to the Service have ranged from sixteen to fifty-two years, with the peak at a point between seventeen and twenty-five. The majority have been white, since in Baltimore more white girls than Negroes are arrested on morals charges. Since opening of the Rapid Treatment Center at the Baltimore City Hospitals the number of Negro girls has increased. A good many of the girls are or were married. A surprising number give a history of having been adopted or "given away" when they were children. As a group they do not seem dull or feeble-minded, but most of them are uneducated, unintegrated and unorganized. The disorganized, the more truly delinquent girls, are likely to be local girls, some of them well known to social agencies, whereas the in-migrants, who are in the majority, are these "un-put-together" people who have gone through only the third, fourth or fifth grade in school. It seems clear that the homes from which they have come have not made it possible for them to begin to solve their problems there. There is an economic base for prostitution but it is a subtle one. Girls do not prostitute, we find, so much because they need money to live, on—but rather they get into this difficulty because there has not been enough sound substance in their lives and in the lives of their families to help them become useful citizens, to live as happy and free people, creating something in their work and play.

THEY CAN BE HELPED

Although the Protective Service is the newest and smallest of the divisions of the Department of Public Welfare, it has captured the imagination of the community and has received considerable attention. A question frequently asked is "Can you really do anything to help prostitutes and promiscuous girls?" In 1943, when the Service was new, we answered rather tentatively that we thought we could. Now, in 1945, our answer is a firm "Yes". Other questions asked by the community have to do with the *what* and the *how* of giving this case-work service. *What* does a social agency try to do with prostitutes? *How* can a social worker help such delinquent girls and women? The community as a whole has been at once interested and skeptical, curious and unbelieving, but support for the program from the beginning has been given by the medical, law enforcement and judiciary forces in the city.

In beginning to work with the girl the fact that she has been prostituting is faced with her. In prison, when the Protective Service is explained to her, we begin by saying that we work with girls who have been arrested for prostituting. The worker adds, "That is why you are here, isn't it?" Most girls agree that this is so. We go on to explain that the service is set up to help the girl who wants to stop prostituting. The girl usually replies that she had quite definitely decided to quit. To our statement that we wonder if she really can make such a decision realistically, while she is still in

prison, or when she has just been placed on probation, there nearly always comes her further assertion of a great desire to quit. Usually this is the point at which she explains the circumstances of her arrest. Sometimes the girl blames the M.P.'s, sometimes the Vice Squad, often she states rather sadly, but frankly, that if she had not been drinking, she would not have been prostituting, or at least she would have not been caught. It is at this point that the girl begins to talk about what "they", "the others", did to her; how the soldier or sailor, the cop, the night club manager and other associates are to blame. The worker brings her back to responsibility and what *she* will need to do to quit, saying that when she gets back into town, the soldiers and sailors will still be on the streets, the liquor will be in the bars or in hip-pocket flasks, and all the chances to get into difficulty may still be present. What she will have to decide is whether she is going to let herself get into difficulty again. Our worker says, too, that quitting is harder than the girl could possibly know, that it will be so very hard that she may not, probably will not be able to do it. We help her face the fact that while she is in prison, she thinks that she will quit—but when she gets out, she will be free and things may seem very different.

We add that the help we can give will be any service which she needs in trying to give up prostituting; help with a job, or a place to live, finding another way of having a good time, money until she can get started, and most of all, recognizing how hard it is to make a new start and sticking with her while she is trying. It is explained that her problem is not something which can be dealt with in just one interview. If she wants to go on further with this, she can come to the Department of Public Welfare office when she is released. Sometimes a definite appointment is made for that time, sometimes not. Sometimes the girl who has an appointment keeps it and sometimes not. The girl who is interviewed in prison will have completed her sentence when she gets out and will not be on parole. She is literally responsible for herself. When we say that we will not be watching her, that she is on her own, we mean it, for the Protective Service is clearly not taking on a police role in watching her, or the function of the Health Department in making her take treatment.*

The girl on probation is the one who can be held to her own responsibility best. With her we begin on what probation means—what is her part and what is ours. Our responsibility to the court and what can and probably will happen to her if she violates probation are clearly established. If she has "turned state's witness" this, too, is discussed. Then the things which the agency will expect are "lined up." Job is talked over. If she had a job before arrest, the possibility or necessity of going back or not going back to it is faced. Jobs as waitresses, bar-maids, domestics, strip-tease artists, usherettes and the like are considered and ruled out. Pending the establishment of much needed rehabilitation homes, a place to stay

* Interestingly enough, the girl who is trying to do something about quitting prostitution usually takes treatment as a part of her effort.

may be the Salvation Army's Women's and Children's Residence, a room recommended by the Y.W.C.A., her former room, her own home—any place where she thinks she can really keep out of trouble. Here, too, we would say “no” to her going to some of the wellknown trouble spots, such as some of the small hotels in certain neighborhoods, or to furnished apartments occupied by girls known to be continuing prostituting. We say “no”—meaning that the Protective Service will not help her if she returns there. Our reason for not allowing her to be a waitress or to live in a well known “hot-spot” is that we question whether she can quit prostituting—and we wonder whether she really intends to do so—if she goes back to these trouble spots. At the same time that we turn thumbs down on the Blank Hotel, we offer some help towards finding another place. We do this because, as previously pointed out by and large these girls are unorganized young people. Many have never been in a city before. Most have not gone beyond the sixth grade in school and many have only completed the third and fourth grade. One is struck immediately by the lack of integration in these girls. They have fallen into prostitution because they have never been taught good habits of working and playing and taking care of themselves. They do not read, do not know anything about art or music, have never belonged to clubs and groups or been on picnics or hikes. They have not belonged to the Girl Scouts or Girl Reserves and they never can go back and capture what many of us have had and taken for granted—the ability to learn, when we were children, how to use ourselves creatively and usefully—the chance to organize ourselves into good citizens. For this reason, each time we say “no” to a kind of job or room (i.e., *no*—if the Protective Service is going to help her), we offer to help her find another way. She is held literally to living differently—making a new start. Money from us until she receives her first pay check, clothing for work, et cetera, are legitimate requests and are met.*

It is important to recognize anything which shows that the girl is moving away from prostitution, at the same time helping her to hold this gain. It is necessary, also, for her to know always that there is a choice in conduct and that she is the one who makes that choice. If she says she “hates all this”—then what is *she* going to do about it? Somehow we must let her know that we do not think of prostitution as being right or wrong, that to us it is like any other socially unacceptable behavior—it is something which can get her into a lot of trouble. The prostitute does not think of herself as a criminal, but instead feels she has been “caught.” This is evident at the Women's Prison where she and prison officials think

* Prostitutes are always leaving clothing in various places, at friends' homes, in former rooming houses, in hotels, in railroad stations, other cities, etc. Often clothing is stolen or cannot be located when the girl comes out of prison. Any clothing which is provided by the agency has to do with the job or living in the community and it is expected that the girl will try to take good care of it. Beginning to be responsible for one's belongings is one way of beginning to be responsible for one's self. What the girl does about clothing and aliases from now on seems to us to be very significant.

of her as different from the criminals, the murderers, forgers, or robbers. The prostitute is a short-time prisoner. She has not committed a felony and, therefore, has not lost any of her civil rights. Before the war she was usually able to worm her way out of trouble by paying a fine. More recently the authorities have clamped down. The girls, themselves, talk about the increase in the number of arrests, and the fact that prison sentences are being meted out instead of fines. They say that, because of this, they have been "caught." By this very admission, the girl admits society's right to think that what she has done is wrong. By this same admission, she is admitting the wrongness to herself. Way down deep inside of herself—beneath and behind a thick shell of bluff and indifference she is feeling guilty. Why shouldn't she? She, too, has a standard of behavior which she uses only to measure other people because she dares not use it to measure herself. It is, therefore, necessary for the social worker to work with her not on how she feels about prostituting, but on how she feels about all this trouble it has got her into. The Protective Service is not trying to *treat the prostitute*. We are willing, and I believe, able to help her with the *problems* which prostituting is creating for her.

Experience in offering help to prostitutes and promiscuous girls has shown throughout that these girls have been having unsatisfying and unsatisfactory personal relations with everyone around them. They trust no one. Beneath the "tough" exterior which often forms the hard and brittle "outside" of the prostitute, there is usually a frightened and upset girl who either is afraid to look at what she is doing or who does not trust anybody or anything else enough to quit the life. Often the girl cannot admit that she is or has been prostituting. Since "you can't quit what you have not begun," this, then is the point from which the agency must begin with her. There is a consideration with her of her inability to face what she has been doing. When a worker can say to her, "How very bad this must seem to you, since you can't even bear to talk about it," that is not an accusation; it is being *with* the girl in her deep feeling of the wrongness of what she has been doing—both for herself as well as for society. The worker who can say "it seems so bad that you can't talk about it" can also say that "you can't go forward by looking backward." If girls are to be helped it is necessary for them to develop some relationship with someone and begin to trust another person again.

The average prostitute does not know what to do about the social worker who treats her like this—who says that the Protective Service is like Phil Baker's radio program—she can "take it or leave it." She knows better what to do about the cop who orders her to "come along," or the prison matron who tells her "do this." What we, as social workers, are saying is that we do not plan to rescue or reform her, or force her to do anything. This is *her* life. From time to time any adult must make decisions about what he or she will do. At the moment, she seems to be in a mess. Does she want to do anything about it? To the girl who says that her mother will

"make her be good," we raise an eyebrow and say we wonder if her mother can. To the girl who pleads with us not to let her family know—and there are many of these—we say that we will not be reporting this to her family, because she is an adult and we plan to treat her that way. By the same token, we expect her to act as an adult. Of the prostitute who has had previous convictions and who is asking for help this time, we ask what is different for her about the situation this time? What makes her think that she can stop something which she has not been able to stop before—even though she was arrested for it? To the person who says that if she had not been drinking she would not have been prostituting, we can only say that we cannot keep her from drinking. If she knows that drinking gets her into this trouble, what is she planning to do about it? Getting a job or living in a different place might help, but there will still be plenty of opportunity to drink. If she cannot keep from drinking, we can refer her to a psychiatrist, but we will not be treating the drinking any more than we will be treating the prostituting.

Sometimes it is perfectly obvious that a girl who has run away from home, who has come along with or followed a serviceman, is very homesick. When we talk about this, we tell her what is involved in having the Protective Service help her return to her home. To the prostitute who has one or more children, we explain that the State will hold her responsible for caring of her children. To the girl who blames her girl friend, we say that she is going to be held responsible for only herself. Is she saying to us that she does not have within herself the ability to say "no?" When a girl is using many aliases we work on why she cannot use her own name—that it probably is not to hide away from the police, but because she cannot bear to use her own name and so uses names like "Cupie Smith" and "Wendie Gray." Over and over this goes on—each time geared to the particular situation, always recognizing the real trouble the girl is in, offering help, and then leaving to the girl the right to "take it or leave it," as a right which is hers and a precious right which we all cherish—the right of freewill.

It seems to me that the one most important factor in helping a prostitute is to help her to achieve at least one satisfying relationship. She has been having unsatisfactory relationships. She has protected herself from having any one person with whom she is willing to be her real self. If we, representing an agency, can be frank, open and honest about what she and we need to do and are doing together, leaving her free to take our help or reject it—but knowing what is involved in the taking or rejecting, then, perhaps, she can again trust one person enough to keep something going between us. If she can begin to trust the worker (and the agency) then, perhaps, she can begin to trust and relate in a different way to employer, landlady, fellow-employees, friends—even men friends.

In its first meeting, the Baltimore Venereal Disease Council went on record as saying that "efforts will be made to lend assistance to the military authorities in their current venereal disease control program but the major effort will be toward a long range plan that will make the venereal disease record of Baltimore, which is a very dark one, as much better as possible." It seems to me that rehabilitation of these girls is a part of such a long range plan. Punishing them is not the answer. Rehabilitation, when possible, offers them the opportunity to look at what they are doing and to change. The goal is not to isolate the girl from people—or from men. It is, rather, to help her establish meaningful relationships and to strengthen her resistance capacity, so that she can accept responsibility for her own acts.

"Only as psychiatric knowledge has developed has society begun to discover why some women turn to prostitution while others, apparently subjected to the same conditions, stay within moral bounds. 'The oldest profession in the world' is the latest one to be studied and analyzed. During the last few years the new techniques of social study and psychiatry have been used more and more extensively in an attempt to analyze, redirect and rehabilitate the prostitute. The results are surprisingly encouraging. Police officers, who used to say: 'You can't do anything for a prostitute,' now know that a hopeful percentage of them can be pulled out of the vicious circle of arrest, fine, offense and rearrest. Cities have set up special services to screen out and work with the younger, more promising, less deeply involved cases. More and more we are learning what is needed in detention, in rehabilitation and above all in prevention.

"One reason for this new and promising approach to an old problem is simply that we no longer generalize about prostitutes. *We know they are individuals, not a class.* There is no one 'type' among prostitutes. Even the most confirmed commercial prostitutes drifted into their trade for widely varying reasons. Many of them would never have become part of this dangerous community swamp if we had realized what was happening to them as children or young girls. As a police officer once pointed out, no girl sets out to become a prostitute. We know now that there are profound psychological as well as economic reasons for their sinking into this morass. We are learning more about these reasons every day.

"The more we learn about prostitution, the more we realize that the line between 'prostitution' and 'promiscuity' is very hard, perhaps impossible, to draw. The girl in a red-light district, the girl who plays the hotels, the adolescent who hangs around street corners after school, the serviceman's wife who distributes her favors in return for a good dinner, are simply more or less acute sufferers from the same dangerous tangle of different kinds of social, economic, psychological and sometimes mental lacks. The street-walker and the 'amateur' are both carriers of VD, both disintegrating and demoralizing elements in the community. They both need social treatment if the community is to be a decent place to live in. Highly promiscuous 'pick-ups' who loiter in bars or on street corners present many of the same problems as commercial prostitutes. Many become social outcasts. Many contract and spread venereal disease. Many are sick, mentally and physically.

"The 'victory girl,' the juvenile delinquent, the casual, have multiplied many times during the war, and seem likely to become an acute problem during the postwar crisis in social protection. Generally speaking, the same social weapons are needed to fight both commercial prostitution and promiscuity."

from *Challenge to Community Action*, prepared and distributed by the Social Protection Division, Federal Security Agency

PENICILLIN: HELP OR HINDRANCE IN VENEREAL DISEASE CONTROL?

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History will undoubtedly class the revelation of the therapeutic uses of a substance produced by the common mold, *penicillin notatum*, as one of the greatest advances of our time, a beneficent discovery which has opened a new era in medicine. Every day new uses are demonstrated for penicillin, as this substance was named by Sir Alexander Fleming, its discoverer, and we now know that penicillin is only one of perhaps hundreds of antibiotic substances which science will place at the disposal of physicians. Already there are several other antibiotics, including gramicidin, streptomycin and tyrothricin, which if less spectacularly wide than penicillin in the range of their therapeutic effects, are none the less important or promise to become important additions to the doctors' armamentarium.

We are concerned here particularly with the use of penicillin in the treatment of syphilis and gonorrhea, the only venereal diseases in which this substance has demonstrated beneficial effects. There are thoughtful and generally well-informed people who aver that penicillin has solved the public health problems of syphilis and gonorrhea; while other equally qualified are convinced that "the magic drug" will make the problems of venereal disease control infinitely more difficult. A consideration of selected available data should help to answer the question, "Will penicillin help or hinder the control of syphilis and gonorrhea?"

Unfortunately, for the purposes of this discussion the data mentioned above are in an extremely fluid state. Our experience with penicillin is far too limited to warrant sweeping statements. Tomorrow or the day after might prove them erroneous. The present immediate therapeutic effects of penicillin in syphilis and gonorrhea can be described but no one with a nodding acquaintance with the spirochete of syphilis or the gonococcus would venture more than a guess as to what the future holds. These organisms are far too versatile in their defenses to be trusted, on the basis of only limited experience with this or with any therapeutic agent, to respond consistently in the future as they seem to respond today to our present methods of therapeutic attack.

It is possible to state with certainty that today gonorrhea can be cured with only brief treatment with penicillin. In fact, 200,000 units of penicillin given in a period of a few hours has cured most cases. But already careful studies by Dr. Richard Koch and others

in San Francisco seem to prove that penicillin does not cure as many cases of gonorrhea as we previously thought. Some 14 or 15 per cent in the group studied by Koch were considered by him not to be cured, while others who followed their cases carefully but over shorter periods of time considered that about 95 per cent were cured by the administration of 200,000 units of penicillin.

We know that only a few years ago the sulfa drugs were hailed as curing 85 to 90 per cent of cases of gonorrhea. Now the results are rarely much better than 60 per cent of cures. Resistant strains of the gonococcus have become prevalent—strains that are not susceptible to the attack of the sulfonamides. May this not also happen with penicillin? Is it not perhaps already happening in California where Dr. Koch made his study?

Under penicillin treatment a person can be cured of gonorrhea and get a new infection, all in the period of one week. As a matter of fact, case records in rapid treatment centers and clinics abundantly show that many patients are infected, cured and infected over and over again.

From the standpoint of medical practice it is an advantage to be able to cure in one day a disease which ten years ago required three months of treatment in favorable cases. From the standpoint of public health practices there is only a limited gain in mere speedy therapy when many individuals become reinfected almost as fast as they can be cured.

It is here that the pessimist enters a telling argument, claiming that science has made the cure of gonorrhea so quick and easy for the patient that fears of infection and of the discomfort and inconvenience of treatment are no longer deterrents to exposure to infection. Furthermore, it is claimed that treatment of gonorrhea is so simple that prophylaxis against this disease now seems to many people not worth the trouble involved.

There may be some merit in these arguments. Though it is quite unknown to what extent fear of infection ever prevented exposure, it is probable that people only use prophylaxis to prevent infection and if there is no fear of infection, there will be no prophylaxis.

It must be admitted by those who are honest enough to face the facts as far as we know them, that gonorrhea has lost some of its terror if 85 per cent of cases can be cured in a few hours of only mildly uncomfortable treatment and fear of infection may not continue to be a potent deterrent to exposure, if it ever was one. There will have to be other strong motives for avoiding promiscuous sex relations which spread gonorrhea. Otherwise, there will be such an epidemic of gonorrhea as the world has not seen in modern times. It is interesting to note that concomitant with the introduction of quick easy methods of treatment there has been an increase in the incidence of gonorrhea, but just what the relation may be between these two phenomena is not known at present.

At least it appears that penicillin has not solved and is not likely to solve the public health problems of this infection. Its solution must be found in other approaches to the problem including those which influence the conduct which leads to infection, i.e. sexual promiscuity.

We know for certain much less about the ultimate effects of penicillin in the therapy of syphilis than we do about its results in the treatment of gonorrhea. Not because less attention has been given to syphilis, for such is not the case, but because syphilis is a much more resourceful disease. The extreme chronicity which is characteristic of syphilis makes us hesitate to pronounce final judgment about any therapy for this disease short of 15 or 20 years of observation of a statistically significant number of treated cases together with adequate controls. The first cases of syphilis treated with penicillin by Dr. John F. Mahoney of New York City have not yet had four years of study. Only a few hundred have had as much as two years of observation. These are very short periods of time in which to form more than tentative judgments of the therapeutic efficacy of any drug or substance.

All that one can do now is to state that the immediate effects of penicillin therapy are excellent and that these effects justify the hope that penicillin cures some cases of syphilis and does it without harmful toxic side effects.

Long experience with the treatment of syphilis with arsenicals and heavy metals gives reason to believe that a large proportion of cases of early syphilis are actually cured if, as a result of proper treatment, the clinical manifestations of the disease disappear, the blood and spinal fluid become or remain negative to appropriate laboratory tests, and if the patient continues in that state of clinical and laboratory negativity for at least a year after the completion of treatment. Cases of early syphilis adequately treated with penicillin have followed this pattern in about the same percentage of instances as do those treated by the older method. That is, after adequate penicillin treatment the clinical manifestations of early syphilis disappear, the blood tests remain or become negative and the spinal fluid examinations remain negative in more or less 85 per cent of cases for at least a year after treatment and during observation up to the present time. These data warrant a hope that adequate penicillin therapy does cure most cases of early syphilis. And there is also reason to hope that it prevents the transmission of syphilis from infected mother to foetus before birth. Furthermore, such limited experience as we have had with penicillin treatment of central nervous system syphilis has encouraged further study.

With regard to the penicillin treatment of early syphilis, present experience places us in almost, but not quite the same position that we were in with the intensive arsenic treatment of syphilis. We can quickly—in about eight days—administer treatment with penicillin which promptly renders the disease noninfectious and appears to arrest or cure the disease in about 85 per cent of cases. No case

of penicillin-treated syphilis has been followed as long as those treated by the "five-day intravenous drip methods of massive arsenic treatment" and therefore we must be more guarded in our conclusions as to results.

From the standpoint of the protection of the public health, the effect of penicillin therapy and those of intensive arsenotherapy appear to be about equal. The great gain in penicillin therapy is not so much from the standpoint of public health control of syphilis as from the standpoint of the safety of the individual patient. Penicillin has virtually no serious toxic effects while arsenic treatments, especially the intensive methods, were unfortunately too often associated with serious toxic manifestations and sometimes with death. By comparison penicillin is very safe.

There is little to choose between the two methods as regards inconvenience or pain involved in treatment. Each requires frequent injections of substances into the body. Probably penicillin treatment at present is somewhat more onerous to the patient since sixty injections deep into the muscles must be given, usually one every three hours right around the clock for 8 days, while the patient receiving intensive arsenotherapy could sleep undisturbed at night.

Under the old methods of syphilis treatment requiring a year or more of therapy, reinfections with this disease were rare. With new intensive methods, including penicillin, reinfections are relatively common. Apparently in cases of early syphilis intensive therapy sometimes overwhelms the invading organism before the body's own defense mechanism has established resistance. Once the invader has been wiped out by a massive therapy attack, some individuals are unable to repel a second invasion, or at least so it appears. At any rate what we believe to be reinfection after apparent cure by intensive methods are being recorded fairly frequently as, for example, in the work of Dr. Arthur Schoch of Dallas. Epidemiologic clinical and laboratory studies reveal that patients apparently cured of syphilis, have been exposed to infectious persons and have, it is believed, acquired syphilis for a second time.

This appears to be a public health disadvantage of all of the intensive treatment methods, including penicillin therapy, for such a reinfected person can doubtless spread syphilis to others, whereas under the old methods reinfection rarely happened in well treated cases. However, the disadvantages may be outweighed by the speed with which syphilis is rendered noninfectious in most cases, and the added advantage that in all the present intensive methods the patient must be hospitalized and thereby be under such effective control that little possibility exists of transmission of infection during treatment.

The conduct of many people may be influenced by the fear of syphilis, for which intelligent individuals have a wholesome respect. Also the penicillin treatment of syphilis is not enjoyable and few people will wish to repeat the experience of sixty shots in the hips.

During the time which the patient spends in the hospital some constructive educational work can be done.

Barring wholesale reinfections and assuming that the therapeutic results of penicillin treatment prove to be approximately as good in the long run—15 or 20 years—as they seem to promise at present, penicillin may be a great help in wiping out syphilis—if given full opportunity.

And there is the essential limitation—"if given full opportunity." For penicillin, even if it proves to be better than our most optimistic hopes, is powerless by itself to wipe out syphilis. It is powerless unless the whole modern program of venereal disease control continues and expands in operation. We still must find the cases of early syphilis, and find them early, and bring them promptly under treatment. Patients still must be persuaded to continue under observation in order to provide opportunity to detect and control the ten or fifteen in each hundred cases which may suffer infectious relapses and spread syphilis unless additional treatment is administered. The whole system of diagnostic and treatment services, epidemiologic activities and education in the prevention and avoidance of infection must not only be maintained but enlarged if syphilis is to be reduced from its position of pre-eminence to a modest place among infectious diseases.

It is this writer's opinion that penicillin has made the control of gonorrhea somewhat more difficult and that it leaves us approximately where we were with intensive arsenotherapy insofar as the control of syphilis is concerned. In regard to both infections, we still have all the old problems of venereal disease control and in addition some new ones.

Neither penicillin nor any other therapeutic substance offers a solution to the problems of conduct which spread these diseases. These problems are not solved in the laboratory and only to a limited degree in clinics, hospitals and private physicians' offices. It is to the character builders that we must look for help in establishing in more and more people patterns of conduct which preclude the likelihood of infection, and certainly of reinfection.

AMERICAN SOCIAL HYGIENE ASSOCIATION

ANNUAL MEETING

To the Association's Members:

The Thirty-Third Annual Meeting of the American Social Hygiene Association will be held in New York City, N. Y., Hotel Pennsylvania, February 6, 1946.

Sessions will be held as follows:

8:00- 9:00 a.m. Business session

Board of Directors and Committees.

9:00-10:00 a.m. Annual meeting of members.

10:00 a.m.-12:30 p.m. Section meetings of the Regional Social Hygiene Conference.

12:30 p.m. Social Hygiene Day Luncheon

under the auspices of the Association, the New York Tuberculosis and Health Association, and the agencies cooperating in the New York Regional Conference on Social Hygiene.

2:30 p.m. to 4:30 p.m. Section meetings of the Regional Social Hygiene Conference.

4:30 p.m.-5:30 p.m. Final session of the Board of Directors and Executive Committee.

Details of the program will appear in later publications of the Association. In the meantime suggestions and proposals regarding program, officers and organization of the Association which are submitted by members will be referred to the appropriate standing committees and the Board of Directors for study and presentation at the meeting.

All sessions of the meeting will be open to the public, and friends are invited to join the members in attendance throughout the day.

BAILEY B. BURRITT

Secretary of the Association

1790 Broadway, New York 19, N. Y.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Health Advisory Committee of Business and Professional Women's Clubs Holds Washington Meeting.—Members of the Health Advisory Committee of the National Federation of Business and Professional Women's Clubs were called together in Washington by Miss Margaret A. Hickey, Federation President, on October 24 to discuss problems and program relating to the health and safety of working women in the postwar period. The all-day program included round-tables in the morning and afternoon, with a luncheon session as guests of the Automotive Safety Foundation. Among the questions discussed at the morning session were:

What significant problems have been revealed as a result of the war, which affect the peacetime health and safety of women? How do these problems relate to the employment of women? Which of these problems should receive major interest? Discussants of these questions included, Dr. George T. Palmer, Executive Secretary of the Surgeon General's Committee on Postwar Training of Public Health Personnel, U. S. Public Health Service; Norman Damon, Vice-president, Automotive Safety Foundation; Dr. Dorothy Nyswander, Consultant on Health Education, Inter-American Educational Foundation; Dr. Karl Menninger, Director, Menninger Foundation; and Miss Esther S. Phipard, Food Specialist, U. S. Department of Agriculture.

Speakers at the luncheon session were Pyke Johnson, President, Automotive Safety Foundation, who talked on Importance of a Strong National Program for Safety, and Pauline Mandigo, Federation News Service Director, and vice-chairman, Women's Activities, National Safety Council.

At the afternoon session on the subject *Plans for the Health Advisory Committee*, questions included: (1) *What should constitute major emphasis of the health committee for one year? For five years?* 2. *How can these problems be interpreted on national, state and local levels?* Federation members participating in discussion included: Dr. Minnie L. Maffett, immediate past president of the Federation, Dr. K. Frances Scott, Massachusetts (health education), Helen F. Dunn, Maine (public health nursing), Mrs. Ellen S. Woodward, chairman National Public Affairs; Dr. Irma Gene Nevins, National Health Chairman; Judge Lucy Howarth, Chairman International Federation Committee; Marguerite Rawalt, president, D. of C. Federation; Frieda S. Miller, Director, Women's Bureau, U. S. Department of Labor.

Health Education Fellowships Awarded.—Fellowships for graduate work in health education, offered by the U. S. Public Health Service in cooperation with the National Foundation for Infantile Paralysis, have been awarded to twenty individuals for the present year. These fellowships, offered to men and women between the ages of twenty-two and forty, lead to a master's degree in public health. The twelve months training period includes nine months of work at one of three schools of public health, and supervised field experience in community health education. The assignments to schools this year are as follows:

University of Michigan: Virginia B. Lyon, Mary M. Mollica, Lillah I. Olson, Merl I. Whorlow, Violet G. DuBois, Zola A. Ernest, Beatrice Martin, Margaret Reed.

University of North Carolina: Mary C. Best, Mary Catherine Drennan, Jewel Hulquist, Effie Maiden, Helen Massengale, and Leila Morgan.

Yale University: Edna Miller, Dorothy F. Schober, Kathryn K. Walter, Marjorie A. C. Young, Joyce C. Limpert, Anne Louise Edwards.

National Women's Advisory Committee on Social Protection Meets.—The autumn meeting of this group, which numbers in its membership representatives of some 29 national agencies with a total membership of over 23 million women, was held in Washington on November 13 and 14.

Following the plan adopted at the Spring meeting, the group met the first day in sub-committees on *Education, Public Health, Protection and Redirection Services, Custodial Care and Legislation, and Contributory Factors*, the chairmen of the sub-committees reporting to the whole Committee in the second day's sessions. Mrs. Horace B. Ritchie, as chairman of the Executive Committee, which also met in advance of the general session, presided and gave a comprehensive report of developments since the last meeting. Other interesting program features included a talk, *The Future of Social Protection*, by Thomas Devine, Director, Social Protection Division, a report from the National Venereal Disease Committee by Dr. William F. Snow, Chairman of the latter group's Legal subcommittee, and an informal report on *Public Welfare in England*, by Mrs. Marjorie D. Spikes, Attache in Charge of Women's Affairs, the British Embassy.

Four members of the Women's Committee, including Mrs. Ritchie, Mrs. Bess N. Rosa, Dean of Women, North Carolina College for Women, and Social Hygiene Chairman, National Congress of Parents and Teachers; Mrs. Evelyn Millis Duvall, Executive Secretary, National Conference of Family Relations, and representing also the United Council of Church Women, and Mrs. Eleanor Fowler, Secretary-Treasurer, Congress of Women's Auxiliaries of the CIO, participated in a panel discussion on the subject *Are We Facing a Moral Breakdown in America?* over the American Forum of the Air, on the evening of November 13.

National VD Committee Elects Charles P. Taft Chairman.—At a September meeting in Washington the National Venereal Disease Committee, organized in 1943 as an advisory group to the Federal Security Administrator, announced the election of Hon. Charles P. Taft, of Cincinnati, and formerly Director of FSA Community War Services, as Chairman. An all-day meeting was held on November 16th, with Mr. Taft presiding, and representatives of Army, Navy, Public Health Service, Social Protection Division and a number of national voluntary agencies, in attendance. Among speakers addressing or reporting on matters of mutual interest were Dr. Joseph Earle Moore, Dr. John H. Stokes, Dr. T. K. Lawless, and Dr. William F. Snow, and Dr. Walter Clarke.

The Committee will henceforth be known as the National Advisory Committee on Venereal Diseases and Social Protection.

Fourth Regional Conference on Social Protection Held in Chicago.—With the question *Where do we go from here?* for its theme, the fourth Regional Conference on Social Protection, held in Chicago,

October 26-27, under the sponsorship of the Region VI office of the Social Protection Division, Federal Security Agency, considered postwar problems and planning during a day and a half of panel discussions. Featured at a luncheon program as speakers were Thomas Devine, Director, Social Protection Division, of Washington; and Henry L. McCarthy, Regional Director, Social Security Board. The five panel sessions included:

I. VD Conditions Today. *Presiding*, Dr. Herman N. Bundesen, President, Chicago Board of Health; *Speaker*, Dr. John R. Heller, Chief, VD Division, USPHS; *Panel Members*: Dr. Morris Fishbein, Editor, Journal of the American Medical Association; Dr. G. G. Taylor, Chief VD Control Division, Illinois State Department of Public Health; Dr. Milton Trautman, Chief VD Control Division, Wisconsin State Health Department; Dr. George W. Bowman, Chief, VD Control Division, Indiana State Health Department; Dr. T. K. Lawless, Chief, Dermatology and Syphilology, Provident Hospital, Chicago; Col. D. G. Hilldrup, Chief Surgeon, Sixth Army Service Command; Captain C. W. Carr, District Medical Officer, Ninth Naval District.

II. Social Services in Social Protection. *Presiding*, Mrs. Florine Ellis, National Consultant on Social Services, Social Protection Division. *Speaker*, Mrs. Roberta Nicholson, Jr., Executive Director, Indiana Social Hygiene Association. *Panel Members*: Irving Sanders, Regional Director, Department of Public Welfare, Peoria, Illinois; Dr. Alfred Paul Bay, Superintendent, Alton State Hospital; Ruth Gaunt, Associate Professor of Social Work, University of Wisconsin; Mrs. Ruth Taylor, Director of Medical-Social Work, Provident Hospital, Chicago; Mrs. Kathleen Brown, Social Worker, Glen Ellyn, Illinois.

III. Education in Social Protection. *Presiding*, Mayor Carl Triebel, Peoria, Illinois. *Speaker*, Dr. Warren Southworth, State Department of Education, Wisconsin. *Panel Members*: Mrs. Urania Rauter, Lecturer in Social Hygiene, Milwaukee Health Department; Mrs. Jean Christopher, Health Education Consultant, Illinois State Public Health Department; Most Rev. Samuel A. Stritch, Archbishop of Chicago; Rev. Virgil E. Lowder, Secretary, Department of Social Service, Church Federation of Greater Chicago; Peter J. Rockstahler, Regional Director, League for Human Rights, AFL; Robert Levin, Area Director, National CIO War Relief Committee.

IV. Law Enforcement in Social Protection. *Presiding*, James P. Allman, Commissioner of Police, Chicago. *Speaker*, Charles J. Hahn, Law Enforcement Specialist, Social Protection Division, Washington, D. C. *Panel Members*: Charles J. Fleck, Chairman, Illinois Liquor Control Commission; Paul Jorgenson, General Counsel, Tavern League of Wisconsin; Harold C. Feightner, Executive Secretary, Indiana Brewers Association; John Polcyn, Milwaukee Chief of Police; John English, East St. Louis Chief of Police; Forrest Braden, Chief of Police, Terre Haute, Indiana; Michael F. Mulcahy, Sheriff, Cook County, Illinois; Commander Frederick H. Williams, Navy Shore Patrol; Brig. General W. E. Guthner, Director, Security and Intelligence Division, Sixth Army Service Command.

V. Planning for the Future. *Presiding*, Howard F. Feast, Regional Director, Social Protection Division. *Speakers*: Wade T. Searles, Field Representative, American Social Hygiene Association; John M. Ragland, Consultant on Negro Problems, Social Protection Division. *General Discussion, Reports and Conclusions.*

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Arkansas: Little Rock Reports.—*The Greater Little Rock VD Public Information Program* is the title of an illustrated 36 page booklet recently published by the local Chamber of Commerce Health Committee to describe and report on the intensive program recently sponsored by the Committee.

After analyzing the community's problem, the book outlines the committee organization, which included sub-committees on speakers, churches, outdoor displays, newspapers, publicity and advertising and other details, and then describes the step by step campaign and results produced. Little Rock believes these to be good, and backs up its belief by a series of recommendations for further action.

The brochure is profusely illustrated with graphs, posters, photographs and clipping reproductions. The Health Advisory Council bulletin, Chamber of Commerce of the United States, Washington, says: "this is one of the finest booklets dealing with VD education that we have seen, and gives evidence of an outstanding campaign. For any C of C contemplating or carrying forward a campaign of this kind, the booklet is worth many times the 50 cents plus 10 cents postage which will bring it from Scott Hamilton, Secretary of the Little Rock Chamber of Commerce."

California: San Diego Association Officer Makes "In-service" Tour.—Mrs. Vesta C. Muhleisen, Executive Secretary of the San Diego Social Hygiene Association, recently devoted a month to travel across the country and study of social hygiene projects, her itinerary being arranged by the ASHA Community Service.

In the course of her tour, which included the cities of New York, Washington, D. C., Newark, New Jersey, Boston, Massachusetts, Cincinnati, Ohio, St. Louis, Missouri and San Francisco, California, Mrs. Muhleisen visited and conferred with representatives of Federal and national voluntary agencies, health departments, rapid treatment centers and other hospitals, police departments, schools, colleges, foundations and numerous other organizations and institutions. At ASHA national headquarters in New York and at the Washington Liaison Office opportunity was provided for extensive conference with the staff regarding ways and means of cooperation with community citizen groups, and in the various cities provision was made by the District of Columbia Social Hygiene Society, the Cincinnati Social Hygiene Society, the Missouri Social Hygiene Association and the Massachusetts Society for Social Hygiene for observation and review of special projects in operation. Mrs. Muhleisen reports a general stimulus derived from her trip for further development of the already active social hygiene program in San Diego.

District of Columbia: Inter-church Health Education Conference.—As part of a citywide health education program conducted among church groups by the District of Columbia Tuberculosis Association, the first annual Interchurch Health Education Conference was held on the evening of October 24 in Vermont Avenue Baptist Church.

The Social Hygiene Society of the District of Columbia cooperated in planning and supplying teaching materials, which included the motion pictures *Magic Bullet* and *Lease on Life*, and a comprehensive display of posters and pamphlets.

Attendance included nurses aide groups, ministers and members of the Health Classes of the following churches: Vermont Avenue Baptist; Metropolitan Baptist; Florida Avenue Baptist; Shiloh Baptist and First Baptist of Georgetown. Topics and speakers included: *The Church and Community Health*, Rev. E. C. Smith, D.D.; *What Is Syphilis? What Is Gonorrhea?*, Dr. Kline A. Price; *How De We Get Tuberculosis?*, Dr. Howard M. Payne, and *The District Tuberculosis Association*, Edward K. Funkhouser.

Missouri: Kansas City Society Reviews Five Decades of Progress.—Speaking at a recent meeting, Doctor Edward P. Heller, President of the Kansas City Social Hygiene Society, discussing the topic *In the Lap of the Family*, presented a review of progress down through the years, with special reference to his own city.

"Fifty years ago," said Doctor Heller, "the social hygiene movement was just becoming articulate. It existed in isolated organizations in various cities of the nation and concerned itself with the problems that center around the family as the basic social unit. *Forty years ago* houses of prostitution thrived in Kansas City and in every city and town in the United States. Prostitution was considered a legitimate business. At least fifty 'bawdy houses' existed in this city, spreading syphilis and gonococcus infection among their patrons from the farms and cattle country to the west of us and among business men and high school boys who went down to play the nickel pianos and cavort with the inmates. Protesting citizens and the bolder of the clergy campaigned against the 'North End' district, as it was known in those days, but made little progress against a close hook-up between politicians, the police and owners of the north end property—all of whom profited from the thriving trade in women and liquor. The attitude prevailed that prostitution had always existed and always would, that a youth had only one proper means for sex education—unless by chance, he had an intelligent parent, or an understanding pastor, to go to for advice. The 'one-shot cure' of syphilis was in vogue and many a victim got rid of skin eruption only to turn up later in an asylum—the victim of the late manifestations of the disease. There was no 'sure cure' for gonorrhea—it was treated and the victim either got well or remained infected and spread the disease—or developed arthritis or other complications and became an invalid.

"*Thirty years ago* last year (1914) voluntary agencies throughout the country came together in one national organization, the American Social Hygiene Association. Forthwith developed a program with a wide range of activities, chief among them being: (1) the development of sex education in relation to character building; (2) organizing the communities for effective medical and public health control of the venereal diseases; (3) combating the commercialized exploitation of women in prostitution; and (4) the improvement of environmental conditions and the provision of recreational facilities calculated to protect youth and foster normal family life. For the first time in history an effort was made to educate the youth of both sexes to the sex factor in life, to prepare them for successful marriage, parenthood and family responsibilities. Much of this early work had to be done in the face of opposition from large groups of the clergy, without the help of the press and despite the timidity of parents and aloofness of the school. Our Secretary, Mrs. Ream, was active in those days on the staff of the Welfare Department and as a police woman, learning at first hand the intimate connection between profit, politics and prostitution. No one in Kansas City has a better background for her work than has Mrs. Mary D. Ream, since 1923 Executive Secretary of the Kansas City Social Hygiene Society.

"*Twenty years ago* next September this Society was recognized as a fully competent division of the Health Conservation Association of Kansas City. We had emerged from a great war and the impact of venereal disease as a social and economic factor capable of control had registered with our citizens. The Division of Venereal Diseases in the U. S. Public Health Service had only recently (1918) been established by Act of Congress. The new division was charged with the duties of (1) studying the causes, prevention and proper treatment of the venereal diseases; (2) cooperating with state and local health departments in control of these diseases; and (3) preventing their spread in interstate traffic. Physicians, soldiers and sailors in large numbers saw licensed prostitution in European cities and knew it did not work any better than the unlicensed American variety. Physicians learned how to properly and adequately treat and cure syphilis but were still unable to keep many victims of the disease under treatment long enough. The Social Hygiene Society helped in the educational campaign of character building for the avoidance of exposure and in urging adequate treatment of those infected. The State legislature finally passed a law defining a 'bawdy house' as a nuisance and injunctions became effective. Prostitutes left Kansas City for towns and cities of other states where the law permitted them to operate. The press still would not print the words syphilis or gonorrhea.

"*Ten years ago* a very strong sentiment developed to face the issue by insisting upon treatment of the pregnant syphilitic, agitating for pre-marital and pre-natal blood tests, by providing drugs when the economic status of the victim might preclude adequate care and a complete cure. Many health officers became anti-V.D. enthusiasts and even crusaders.

"*On May 24, 1938*, the Venereal Disease Control Act of 1918 was amended by an authorization for the annual appropriation of funds which may be utilized for the study and investigation of venereal diseases and for grants-in-aid to assist the states. This amendment by Congress, plus the bold leadership of Surgeon General Thomas Parran of the U. S. Public Health Service, has resulted in greatly improved mechanisms for control in all of the states of the Union. States, cities and counties have been compelled to meet minimum standards of public health service to obtain funds. Public sentiment has forced the retirement of officials who would stand in the way of the first real effort by medical science to quarantine and then eradicate syphilis and gonorrhea, diseases of which the cause has long been known and for which adequate remedies are finally at hand.

"Events are moving along rapidly, but more and more they point to the placing of responsibility for sex delinquency squarely *in the lap of the family*.

"*Now* prostitution is almost non-existent and statistics show that only 4 per cent of the contacts by soldiers and sailors in Kansas City are with prostitutes. The infection in 96 per cent of cases came from women and girls presumably *with home ties*. Now Kansas City has an efficient Health Department and a competent division of the Police Department working closely with the equally competent Welfare Department in the salvaging of young people from a life of promiscuity. Now we have a prenatal blood test law and a premarital blood test law and thousand upon thousand of our working people and all of our selectees have been subjected to blood tests and know their health status more completely than in any previous time in all history. Now the press and the most dignified magazines speak freely and frankly of the venereal diseases. The movies formerly banned by the clergy and the P.T.A. are shown with impunity. Now awareness of the so-called 'magic drugs' has removed the restraint from those of our citizens, young and old, whose character building was neglected—and is still being neglected. Now is the time for all good parents, teachers and preachers to come to the aid of their country, their city, their children! The wheel has made a complete turn. After fifty years we are back to first principles. The problem centers around the family as the basic social unit."

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, ASHA Committee on Inter-American Cooperation

Canada: Health League Features Social Hygiene in Annual Meeting.—An important part of the Twenty-sixth Annual Meeting program of the Health League of Canada, held at Toronto, October 29-31, related to social hygiene matters.

Joseph Lichstein, Acting Director of the League's Social Hygiene Division, reports a well-attended public *Study-action Seminar on Venereal Disease Control* on October 30, with Dr. E. A. Corbett, Director, Canadian Association for Adult Education, as chairman, and a panel of nineteen persons participating. Among these, main speakers were: Major Georges LeClere, RCA-MC, Venereal Disease Control Officer for the Dominion; Dr. Gordon Bates, General Director for the Health League; Rev. Dr. C. E. Silcox, authority on social problems, and Fred L. Bartlett, Director of Health and Physical Education for the Ontario Department of Education.

"Resource leaders" in the discussion which followed were: Dr. Noble Black, of the League's Social Hygiene Committee; Dr. J. A. Leroux, Ontario Director of VD Control; Dr. F. R. Griffin, industrial physician; Miss Pearl Stiver, supervisor of epidemiology, Ontario Division of VD Control; G. E. Edmonds, K.C.; Inspectors R. Davie and Albert Lee, Toronto police; Rev. H. W. Garbutt; Mrs. R. K. Hall, Ontario Home and School Federation; Mr. W. A. Turnbull, Toronto Department of Public Welfare; Mr. J. R. Radford, Canadian Broadcasting Corporation; Mr. Colin Falconer, National Film Board; Mr. W. P. Smith, Canadian Pharmaceutical Association; Mrs. Claire Agranove, Workers' Education Association. Out of this discussion grew a series of resolutions relating to sex education and venereal disease control, which will serve to guide Canadian efforts for the future, and to which this department will hope to give space later.

Highlight of the three-day program was a dinner meeting at the Royal York Hotel, where all sessions were held, with the Honorable Brooke Claxton, Minister of National Health and Welfare, addressing the assemblage. Emphasis of his remarks was on the necessity for joint effort of all agencies concerned—both governmental and voluntary—to focus the nation's power on the attack on disease and poverty.

Mr. Walter D. Jones, chairman of the board, International Business Machines Co., Ltd., of Toronto, was elected as the new chairman of the League's National Executive Committee, succeeding J. A. Gairdner, also of Toronto, who becomes chairman of the Board of Honorary Advisory Directors. Dr. Gordon Bates was renamed General Director, and T. B. James of Toronto was reelected honorary treasurer. Election of a president, to succeed the late Honorable Mr. Justice Riddell, was referred to the National Executive Committee for consideration.

England: Mrs. Neville-Rolfe Accepts New Posts with British Social Hygiene Council.—The many United States friends of Mrs. Sybil Neville-Rolfe, for 30 years the Honorary Secretary of the British organization known first as the National Council for Combating Venereal Disease and more recently as the British Social Hygiene Council, will be interested to learn that she has recently resigned her office. The spring issue of the Council's quarterly *Biology and Human Affairs* publishes the following statement:

"Family reasons have made it imperative for her to reside for an indefinite period in Scotland, a fact which has made it impracticable for her to carry out the administrative duties entailed in that office. Fortunately this does not mean a severance of her interest in the Council; she has been elected a Vice-President, and has also accepted a new office of Honorary Adviser, which will enable her to place at our disposal her great store of accumulated knowledge and experience.

"The change of office gives us, however, an opportunity of a retrospective glance at the great work achieved by her since the Council's inception, and of the difficulties in its path which needed all her indomitable energy and enthusiasm to surmount. As Honorary Secretary of the National Council for Combating VD from its foundation 30 years ago, she took the principal part in organizing the whole scheme of popular education in this subject, one hitherto taboo, and regarded as something which no woman should mention, much less make her life work. In these early days the work of popular enlightenment on VD was financed by a direct grant from the Exchequer, but the difficulty lay in persuading local authorities to avail themselves of the educational material offered by the Council, and in overcoming the resistance of many hospital authorities to the establishment of free clinics. In this work, and also in the organization of lectures to the armed forces during the Great War 1914-18, Mrs. Neville-Rolfe was indefatigable, and by sheer force of personality she overcame prejudice, so that the Council's help was accepted and its educational machinery utilized by a large proportion of the major local authorities.

"As the years passed, it became increasingly obvious that the VD problem was only one aspect of a larger one, that of Social Hygiene in its wide sense, and that the Council's work should cover this wider field so as to combat the causes leading to sexual misconduct—the absence of biological teaching of the adolescent, the lack of training of teachers and instructions of parents, and the need for amelioration of various relevant social malconditions. At the same time, the name was changed to British Social Hygiene Council and Mrs. Neville-Rolfe organized the wider field with undiminished zeal. In addition, however, to this work on the home front, she was able to extend its scope to the Dominions and the Colonies, in many of which branches and colleague organizations were established. Through the collaboration of the Government Departments concerned, several overseas visits and commissions were arranged and carried out by the Council between the years 1920 and 1936. Mrs. Neville-Rolfe, in 1926, spent six months in India, touring many provinces and states on the invitation of their respective governments. She also, at various times, visited Canada, and the United States, the Far East, Palestine, Cyprus, Jamaica and Southern Rhodesia, investigating local conditions and organizing measures for reducing the incidence of venereal disease. Liaison was also established internationally with the various foreign societies working in this field, and she was one of the founders of the Union Inter-

nationale Contre le Pèril Vénérien, holding office as Vice-President and Chairman of its Ports Commission. This honor was a tribute to one of her most striking successes, her work for the welfare of the Mercantile Marine. Mrs. Neville-Rolfe had for a long time been anxious about the lack of treatment facilities in ports, both at home and in foreign countries, and the meeting of the first Seamen's Conference of the International Labour Office of the League of Nations at Genoa in 1920 seemed to her an opportunity of achieving something useful in this field. Accompanied by Dr. O. May she visited Genoa during the Conference, and arranged a meeting attended by most of the delegates, under the Chairmanship of the late M. Albert Thomas, Secretary-General of the I.L.O. Both Mrs. Neville-Rolfe and Dr. May addressed the delegates on the importance of providing adequate clinics at all ports and the urgent need for better sleeping and recreational facilities for seamen ashore. A set of resolutions on these subjects was passed, taken by the British Official delegation to the conference, and adopted by them. These subsequently formed the basis of two international agreements, 'the Brussels Agreement' of 1926 and the Seamen's Welfare in Ports Memorandum of 1936, and have resulted in the establishment of treatment centres in every port and great improvement in the amenities offered to merchant seamen during their stay in these ports. In addition, an amendment to our Merchant Shipping Acts was secured including VD in the list of illnesses for which free treatment on board ship was to be provided.

"Space does not permit a chronicle of the many improvements in the VD free treatment scheme in this country arising from Mrs. Neville-Rolfe's advocacy, but mention must be made of the great fight waged by her—with ultimate success—for the inclusion in the scheme of trained almoners, to trace contact cases and persuade patients to continue attendance as long as treatment was considered necessary. Such is the brief summary of her work for the Council in the past 30 years. In 1941, she was singled out by the American Social Hygiene Association for award of the Snow Medal for work in Social Hygiene—the first woman to receive this award.*

"This note is neither an obituary nor even a valediction. So it would be premature to attempt a final assessment, but enough has been said to make it clear that she has achieved more in the field of Social Hygiene than any other individual in this country. And may she be spared to add fresh laurels to the crown of these achievements."

The JOURNAL adds "best wishes from all social hygiene workers!"

The present Secretary of the Council, as previously mentioned in these columns, is Miss French, and the address continues to be Tavistock House North, Tavistock Square, W.C. 1.

* By virtue of the rotation of chairmanship of the Association's Committee on Awards, Mrs. Neville-Rolfe becomes chairman of this group for the current year, succeeding General John J. Pershing who served as Chairman for the 1945 award.

YOUTH NOTES

Fitness for the American Way of Life is the keynote of a folder recently issued by the American Association for Health, Physical Education and Recreation, a department of the National Education Association with headquarters at 1201 16th St., N. W., Washington, D. C. A portion of the text of this excellent statement is given herewith:

THE NEEDS OF CHILDREN AND YOUTH IN HEALTH EDUCATION, PHYSICAL EDUCATION, AND RECREATION

Children and youth need . . . A safe, sanitary, healthful school environment. This means:

Control of such environmental factors as heat, air, light, sunshine, buildings, grounds, noise, color, form, construction, water supply, sewage disposal, and play space so that they contribute to, rather than deter from, healthful school experiences; and

An environment in which boys and girls are freed as far as possible from the conditions which produce unnecessary fear, anxieties, conflicts, and emotional stresses.

. . . Maximum protection from disease and conditions which interfere with proper growth and development. This means:

Adequate examination and objective observation of pupils, teachers, and custodial personnel to detect communicable diseases as well as deviations which impair health; and

An opportunity to receive necessary immunization and testing procedures.

. . . An opportunity to realize their potentialities of growth and development. This means:

Adequate medical and dental care on the basis of individual needs as shown by examinations;

eration, respect for individuals and groups, initiative and a feeling of personal worth;

Adequate nutrition to insure well-nourished children;

Participation in an enriched program of physical activity adapted to individual capacity, interests and needs, and designed to develop organic power, strength, skill, agility, poise and endurance, as well as ability to participate with others in games and sports which promote alertness, coop-

Participation in a recreational program designed to create interest in activities which develop talents that make for healthful living and broaden the child's horizon of the world in which he lives; and

. . . To learn how to live healthfully. This means:

The opportunity to learn and to make wise decisions, and to form health habits and attitudes based on scientific knowledge of health and disease;

A balance and rhythm in the child's daily life which is in keeping with his physical, mental, and emotional needs.

The opportunity to make choices and assume increasing responsibility for one's own personal health; and

The opportunity to acquire information and attitudes appropriate to the grade level about physical and emotional development, maturity, and patterns of social conduct which will contribute to the health of the individual and other citizens to insure wholesome family and community living.

... Teachers who are equipped by training, temperament, and health to give not only specific instruction but who can also help children to mature emotionally. This means:

Teachers not only prepared to teach but those who are also emotionally stable and adjusted because the development of healthful personalities is

dependent upon the relationships and attitudes which are built up between teachers and children.

MEETING THESE NEEDS

A comprehensive program to meet the health and fitness needs of school children and youth in any state should provide for:

Development or extension of programs in teacher-education institutions to prepare administrators and teachers so that they can participate effectively in the school health and fitness program;

Appropriate pre-service and in-service education for school health administrators, teachers, nurses, physicians, dentists, nutritionists, and other specialized health personnel serving the schools;

Adequate time allotment for health instruction and physical education, athletic and recreational activities for all children and youth, and for their participation in solving individual and community health problems;

Planning for construction and inspection of the school plant, and a planned program to insure and to utilize a safe, sanitary, and healthful school environment including transportation;

Thorough school medical examinations including necessary immunization and laboratory procedures;

Special testing programs and treatment as needed for abnormalities such as those of vision, hearing, and speech;

Cumulative health records including nutritional and mental status;

A school lunch program developed as part of the total educational program;

Dental care;

Mental hygiene;

Care for exceptional children with crippling diseases, especially rheumatic fever;

Treatment as needed for other adverse health conditions such as tuberculosis and venereal disease;

Health services for school personnel;

Demonstration areas for the development of improved techniques to meet the needs with respect to the school health and fitness programs of the individual states; and

Organized program of parent education and participation.

SCHOOL LIFE IS A STRATEGIC TIME

The formative years of school age are critical ones in terms of securing health and physical fitness outcomes. It is the first eighteen years that count in laying the basis for strong bodies. The interest and responsibility of the schools for improvement in health, physical fitness, social adjustment, and leisure-time interests scarcely need justification. Health is and always will be the first objective of the schools.

HEADLINES AND BY-LINES

KENNETH R. MILLER

*Director, Division of Public Information,
American Social Hygiene Association*

SOCIAL HYGIENE DAY SUGGESTIONS

NOTES ON NEWSPAPER PUBLICITY

The success of your Social Hygiene Day depends upon how much interest you can create in the observance and how much participation you can solicit in the activities of the day. You must let the people in your town know what Social Hygiene Day is, why it is, how it is being observed, when and where, who is sponsoring it, who will speak, and what the program includes. But more than this, you must create during the weeks before the meeting an awareness of the question of social hygiene. You must show the people of your town why they should be interested in the observance and what they can do by participating in the event.

Included in the Social Hygiene Day kit are advance news releases, feature stories, letters to the editor, material to submit for editorial comment, educational mats of pictures and captions, and advertisements . . . all forms of newspaper publicity. In using this material you will necessarily be dealing with newspaper staffs—giving them the stories you want printed, getting coverage for your meeting, supplying whatever additional information they may want concerning your meeting, sponsors, speakers, film showings, radio programs, etc. These notes are addressed to you who may never have done newspaper publicity and who may run into snags in getting your material from the pages of the kit or from your own notebook to the morning and evening stands. There are a few rules that newspaper people follow; and if you want to get the best cooperation from them, you will learn their rules and play the game their way.

1. Make your releases complete; be sure the facts are straight; and get your stories in on time. NEVER try throwing a story in ten minutes before the deadline.

2. Type your stories, beginning half way down the page. Double or triple space. Use only one side of the paper.

3. When your story goes in, be sure identification is immediately obvious. Type a release date, the date you want the story printed, in your upper right-hand corner. In the left-hand corner,

type your name, the sponsoring group, address and phone number.

4. Time is THE important factor for newspapers. So—get advance stories in at least one day, preferably two or three, before the release date. If you want a reporter to cover a meeting, luncheon, film, let your newspaper know about it three days in advance. (When reporters or photographers attend your meeting or luncheons, put them at a press table and give them copies of the main speech of the occasion with a memo on who

makes it, what group he is connected with, and all pertinent facts of the meeting.)

5. Don't play favorites with papers or reporters. Give releases to all papers on the same date. Give your stories to the reporter on your beat. If there isn't one, send all copy to the City Desk.

6. NEVER write a headline. And when your story gets one, don't complain if you don't like it. As a matter of fact, don't complain about anything to the editor. He's doing you a service to print your stories. And he wants to print them. But he wants you to give him the facts and then let him alone. He's a pretty busy man.

7. One word on style if you are writing your own stories. Make them short, simple, easy to read and understand. Don't over-write. Don't use

descriptive words to modify facts. Never let a speaker make an "inspiring" speech. He made a speech. If he was inspiring, his audience will know it. Don't editorialize. State what you want the readers to know and then stop.

Don't let your publicity be a sometime thing, just when you need the newspapers' help. Throughout the year give them stories on what your group is doing. Keep up with what's happening in the field of social hygiene; and when something comes up that's news, be sure the newspapers carry the story and tie up your organization with it.

Above all, be reliable. Be authoritative. Be an easy person for the press to deal with. Know your field and know your facts, and the time will come when the newspapers will be asking you for information and help!

A NOTE ON RADIO PUBLICITY

Your local radio station offers you the opportunity to reach an audience which represents a large per cent of the population of your town. The kit includes a few radio spots, and talks to help you in this form of publicizing Social Hygiene Day. If you find that you need more, write to the Public Information Service, American Social Hygiene Association.

The demand for air-time is high. And those who buy the time spare no effort to make their program the one people will listen to. You must remember that when preparing your program you are entering into a highly competitive field and that your program must hold the listener's interest consistently or he will turn the dial. You are competing with commercial programs, with music, comedy and drama; and if you are to reach a sizable audience, you must offer information they want, in a manner they like, delivered in a manner which sustains interest. The material in the kit may be used as it is, or you may rewrite, add, subtract, or change to suit the conditions of your own town. If you do rewrite, remember—the script must move quickly, arguments should not be so involved that they are hard to follow, and words and style must be kept simple.

Perhaps the best way to assure use of your radio material is to tie in with an established program. See the program director at your station and ask him for suggestions as to which scheduled shows might use the material you have. It might be a commentator who has a daily program of local news. It might be the director of a woman's program. It might be a regularly scheduled civic

show. The program director will tell you which program should best fit your material and will work out with you all the details.

In retyping the scripts in the kit, be sure to fill in all blanks with the proper information relating to your local meeting. In typing the scripts, use only one side of the paper and double-space all copy and provide several duplicates—in advance.

The spots announcing your meeting should be given to the program director to use at his convenience. These may be used once or repeated several times if you like or other ones may be written if your station has the time to use more.

As when dealing with newspaper men, there are a few things to remember when working with radio people. Is isn't the minutes that worry announcers so much as it is the seconds. Every one is worth money. If you are securing your own reader for the scripts, you must see to it that he or she is at the radio station at the designated time. It won't hurt if you're a little early. If rehearsals are scheduled, don't miss them.

Start making plans for radio publicity early. In advance of your meeting see the program director and start ironing out the wrinkles that are bound to appear. Shows are scheduled far in advance of their production, so start early—get your scripts straight—get your program time set. And if you need more material, write it or ask us to help.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

HEALTH EDUCATION IS A PEOPLE'S PROGRAM, Report of the Second Annual Health Education Week, May 1 through 12, 1945. Sponsored jointly by USO-YMCA Industrial Services, San Diego Area and Community Welfare Council, San Diego, California. 13 pages.

SCIENCE—THE ENDLESS FRONTIER, A Report to the President by Vannevar Bush, Director of the Office of Scientific Research and Development, July, 1945. 184 pp., U. S. Government Printing Office.

SCHOOL OF TROPICAL MEDICINE, REPORT OF THE DIRECTOR, 1944, San Juan, Puerto Rico. Published by the University of Puerto Rico and Columbia University. 116 pp.

THE UNITED NATIONS CHARTER AS DECLARATION AND AS CONSTITUTION. A Letter to the President from Edward R. Stettinius, Jr., San Francisco, California, June 26, 1945. Department of State Publication 2344, Conference Series 72. 12 pages.

PARLEY BUILDS 3-WAY PLAN FOR PEACE, United Nations Charter Provides Preventive, Curative and Surgical Machinery to Bring Harmony and Justice to the World, by Gould Lincoln. Reprinted from *The Sunday Star*, June 24, 1945. Reprinted by the General Federation of Women's Clubs, Washington, D. C.

Public Library
Kansas City,

- RADIO IN HEALTH EDUCATION** (Frontiers in Public Health Education, No. I), New York Academy of Medicine. Columbia University Press, 1945. 120 pages. \$1.60.
- SOCIAL STATISTICS, Changes in Volume of Foster Care, 1933-43; Juvenile-Court Statistics, 1943.** Supplement to *The Child*, June 1945. U. S. Department of Labor, Children's Bureau. For sale by the Government Printing Office, Washington, D. C.
- VENEREAL DISEASES, THEIR MEDICAL AND SOCIAL ASPECTS,** Report of the Venereal Disease Study Committee of the Louisville Health Council, Louisville, Kentucky. May 1945. 23 pages.

Pamphlets and Leaflets for the General Public

- BLOOD TESTING FOR SYPHILIS** (Also in French). Reprinted from *New World*. Distributed by the Health League of Canada, 111 Avenue Road, Toronto 5, Ont.
- EVIDENCE IN THE CASE OF THE UNWARY RETURNEE.** Printed by the Tribune Press, Tampa, Florida.
- HALE AND HEARTY,** New York City Health Department, 125 Worth Street, New York 13, N. Y. 15 pages. For teenagers.
- HEALTH ON THE PRODUCTION FRONT,** National Association of Manufacturers. 80 pages.
- A LETTER FROM JANIE,** Venereal Disease Education Institute, Raleigh, North Carolina. VDgraphic-23.
- NOW IS THE TIME. . .** Washington County Development, Association Plans for Action. New Dominion Series, Extension Division Publication No. 73, October 1, 1945. University of Virginia, Charlottesville.
- OUT OF THE CHAOS,** United Nations Relief and Rehabilitation Administration, Washington, D. C. 17 pages.
- OUT IN THE OPEN,** Venereal Disease Education Institute, Raleigh, North Carolina. VDgraphic-5.
- TEAMWORK FOR BETTER HEALTH,** by John LaCerdá. Reprinted from *Nation's Business*, August, 1945.
- THE "MINOR" VENEREAL DISEASES.** Published by The American Social Hygiene Association, 1790 Broadway, New York 19, N. Y. 6 pages. Pub. No. A-621. 10 cents.
- THE NEEDS OF CHILDREN AND YOUTH IN HEALTH EDUCATION, PHYSICAL EDUCATION AND RECREATION.** Published by the American Association for Health, Physical Education, and Recreation, Washington, D. C. 6 page folder.
- WAKE UP!** Venereal Disease Education Institute in cooperation with the United States Public Health Service. 23 pages. VDgraphic-68.
- YOU CAN WORK IT OUT YOURSELF.** A pattern for attacking a problem. Addressed especially to returning servicemen and their families. U. S. Department of Agriculture, Extension Service Circular 430, July 1945. Washington, D. C.
- YOUR CHILD FROM ONE TO SIX,** Children's Bureau, U. S. Department of Labor, Washington 25, D. C. 147 pages. 15 cents.
- YOUR RAPID TREATMENT CENTER,** published by the Venereal Disease Education Institute, Raleigh, North Carolina. VDgraphic-80. 7 pages.

Pamphlets for Professional Workers

- BUILDING THE FUTURE FOR CHILDREN AND YOUTH,** April 1945. U. S. Department of Labor, Children's Bureau, Publication 310, Washington 25, D. C.
- HEALTH AND SANITATION PROGRAM,** Agreement between the United States of America and Bolivia. Effected by Exchange of Notes Signed at LaPaz August 1 and 8, 1944. Executive agreement series 445, U. S. Government Printing Office, Washington, D. C. 5 cents, 4 pages.
- INDUSTRIAL HEALTH—A TALE OF 3 CITIES,** published by the Health Advisory Committee, Chamber of Commerce of the United States, Washington, D. C.
- LABOR-MANAGEMENT RELATIONSHIPS IN INDUSTRIAL PROBLEMS,** J. J. Bloomfield. Reprinted from *The Journal of the American Medical Association*, June 30, 1945. 13 pages.

- MEETING YOUTH NEEDS (Social Hygiene Education), by Dr. Mabel Grier Leshner. Prepared for and Published by the New Jersey Congress of Parents and Teachers, 1945. 20 pages.
- MEMBERSHIP DIRECTORY, American Association for Health, Physical Education and Recreation, National Education Association, 1201 16th Street, N.W., Washington 6, D. C. 84 pages.
- SELECTION OF STUDENTS FOR VOCATIONAL TRAINING, by Fred M. Fowler. Vocational Division Bulletin No. 232, Occupational Information and Guidance Series No. 13. Federal Security Agency, U. S. Office of Education. Government Printing Office, Washington, D. C. 1945. 156 pages.
- A SERIES OF STUDIES OF SOME PROBLEMS FAMILIES ARE FACING: 1. *Adjustments Involving Returning Family Members*. 2. *Adjustment of Women*. 3. *Adjustment of Youth*. 4. *Adjustment of Children*. A counseling guide for extension workers. Published by the Extension Service, War Food Administration, U. S. Department of Agriculture, Washington, D. C.
- SOCIAL HYGIENE. A bibliography of books for parents and children, for young people, for engaged and married couples, for prospective parents, problems of middle age and on syphilis and gonorrhea. Published by the Public Library, Washington, D. C. 1945.
- UNRRA IN OUTLINE AND UP-TO-DATE, Office of Public Information, United Nations Relief and Rehabilitation Administration, 1344 Connecticut Avenue, Washington, D. C.
- WOMEN, CHILD CARE AND THE FAMILY IN THE U.S.S.R., A Guide to Reading and Study prepared by the Committee of Women of the National Council of American-Soviet Friendship, Inc., 232 Madison Avenue, New York 16, N. Y. 9 pages. 5 cents.

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Of General Interest

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- Public Health in the Reconversion Period*, Thomas Parran, M.D.
- BULLETIN OF VENEREAL DISEASE CONTROL, Ontario Department of Health, October 1945. *The Care of the Veteran in Civilian Life*, John A. Leroux, Major, R.C.A.M.C.
- EUGENICAL NEWS, March 1945. *Eugenics and the Church*, Kenneth C. Mac Arthur.
- HEALTH EDUCATION JOURNAL, October 1945. *Parents Unwillingly to School*, Mrs. G. M. Goldsworthy.
- THE PUBLIC AND EDUCATION. A new periodical for national, state and community leaders. Published by the National Education Association, 1201 Sixteenth Street, N. W., Washington 6, D. C., October 1945, Vol. 1, No. 1.
- SURVEY GRAPHIC, September 1945. *Better Health for Country Folks. I. In a Georgia Cotton County. II. In the Mountains of New Mexico*, Katherine Glover and T. S. Harding.

Sex Education, Marriage and Family Relations

- AMERICAN JOURNAL OF NURSING, October 1945. *Services to the Unmarried Mother: A Reference Shelf*, U. S. Children's Bureau.
- THE BULLETIN. Published by the Saskatchewan Teachers' Federation, September 1945. *What Is Counselling?*, Dr. S. R. Laycock.
- FAMILY LIFE EDUCATION, September 1945. *Stepping Stones to Marriage*, Frances Bruce Strain.
- HEALTH EDUCATION JOURNAL, October 1945. *The Sex Problem*, Mary Macaulay.
- JOURNAL OF PHYSICAL EDUCATION (London), July 1945. *The Approach to Sex Education*, D. R. Mace.
- MARRIAGE AND FAMILY LIVING, August 1945. *How to Conduct an Institute. A Symposium on Conducting a Local Family Life Institute*.
- THE ONTARIO HOME AND SCHOOL REVIEW, September 1945. *Is Your Son or Daughter a Good Risk for Marriage?*, Dr. S. R. Laycock.

THE SCHOOL, Ontario College of Education, October 1945. *Whose Job Is Sex Education?*, Winnifred Ashplant.

QUARTERLY BULLETIN, Wisconsin State Board of Health, July-September 1945. *Social Hygiene Education in the Schools*, Aimee Zillmer.

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MICHIGAN PUBLIC HEALTH, State Department of Health, September 1945. *Health Education Is a Sharing Program*, Walter Strom.

PUBLIC HEALTH NURSING, September 1945. *Health and Education in Kansas*, May Hare.

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AMERICAN SOCIOLOGICAL REVIEW, August 1945. *Wartime Increases in Michigan Delinquency*, Paul Wiers.

FEDERAL PROBATION, July-September, 1945. *Court-School Relationships*, L. Wallace Hoffman.

POLICE CHIEFS' NEWS LETTER, October 1945. *Cincinnati Youth Aid Bureau Tackles Juvenile Delinquency Problem*.

Industrial Problems

HEALTH NEWS, Health Advisory Council, Chamber of Commerce of the U. S., October 1945. *Paresis Costs Taxpayers \$11,000,000, Wage Earners \$112,000,000 Annually*.

INDUSTRIAL MEDICINE, September 1945. *Gynecology in Industry: Causes, Treatment and Educational Program*, Hannah Peters, M.D., and Wilson Footer, M.D.

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AMERICAN JOURNAL OF PUBLIC HEALTH, October 1945. *The Legal Basis for Venereal Disease Control*, J. H. Lade, M.D.

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AMERICAN JOURNAL OF HYGIENE (Baltimore), September 1945. *Complement Fixation in Malaria and Syphilis*, Frances Babin and A. D. Dulancy.

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CALIFORNIA'S HEALTH, State Department of Health, June 30, 1945. *Reported Cases of Gonorrhea and Syphilis in California—1940 through 1944*, A. F. Brewer, M.D., and F. E. Olson.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, September 29, 1945. *Oral Penicillin*, Maxwell Finland, M.D., Mason Meads, M.D., and Edwin M. Ory, M.D.

—October 6, 1945. *Administration of Penicillin by Mouth, With Results in the Treatment of Gonorrhea*, Windsor C. Cutting, M.D., and other.

—October 13, 1945. *Evaluation of Penicillin in Gonorrhea Treatment and Control*, Richard A. Koch, M.D., John S. Hines, M.D., William Y. Hollingsworth, M.S.

—*Control of Syphilis in Pregnant Women*, Herman M. Soloway, M.D.

—*The Treatment of Cardiovascular Syphilis with Penicillin*, Ralph E. Dolkart, M.D., George X. Schwemlein, M.S.

JOURNAL OF VENEREAL DISEASE INFORMATION, July 1945. *The Chicago Intensive Treatment Center Adopts a Mechanized System of Patient Follow-up*, H. N. Bundesen and others.

—*Clinical Action of Penicillin on the Uterus*, H. M. Leavitt, M.D.

—*Outpatient Penicillin Therapy of Sulfonamide Resistant Gonorrhea*, W. F. Fidler, M.D.

- October 1945. *The Frequency of Positive Serologic Tests for Syphilis in Relation to Occupation and Marital Status Among Men of Draft Age*, Lida J. Usilton, Paul T. Bruyere, M.D., and Martha C. Bruyere.
- The Possibility of Predicting the Future Needs in Venereal Disease Control. A Study of the Effects of Mobilization on the Case Load in District of Columbia Clinics*, George C. Ruhland, M.D., Frederick G. Gillick, M.D., Ben D. Chinn, M.D.
- MILITARY SURGEON, September 1945. *Two Years of Cooperation in Military Venereal Disease Control*, E. H. Harris, M.D., and R. H. Abrahamson, M.D.
- QUARTERLY BULLETIN, Louisiana State Health Department, June 1945. *Syphilis Epidemiological Study*.
- U. S. NAVAL MEDICAL BULLETIN, September 1945. *Treatment of Gonorrhea with Penicillin in a Naval Dispensary*, J. F. Ricchiuti, M.D. and W. B. Brett.
- October 1945. *Venereal Disease Contact Investigation in the U. S. Navy, Third Quarter 1944*, Commander Walter H. Schwartz (MC), Lieutenant Howard W. Ennes, Jr., H(S) and Lieutenant (j.g.) Margaret F. Allen, H(W).

BOOK REVIEW

AN EXPERIMENT IN THE PSYCHIATRIC TREATMENT OF PROMISCUOUS GIRLS. A psychiatric study under the auspices of the Venereal Disease Division of the United States Public Health Service, the California State Department of Public Health and the San Francisco Department of Public Health, January 1943 to June 1944. Ernest G. Lion, Helen M. Jambor, Hazle G. Corrigan and Katherine P. Bradway. Psychiatric Service, San Francisco City Clinic, City and County of San Francisco Department of Public Health. 1945.

A demonstration of the application of psychotherapy and psychiatric case work as a preventive measure in venereal disease control was undertaken by the Psychiatric Service of the San Francisco City Clinic. This Psychiatric Service was set up as a cooperative experimental project under the auspices of the agencies listed above to provide for research and treatment of promiscuous girls in direct connection with a venereal disease clinic.

Chief objectives were to determine personality and environmental factors motivating promiscuous behavior of the girls referred, and to determine to what extent psychiatric treatment might be effective in assisting them to make satisfactory adjustments, thus removing the likelihood of behavior leading to dissemination of venereal disease.

The study was primarily a clinical investigation from psychiatric, psychiatric social, and psychological ap-

proaches. Social histories on all patients were obtained. Psychiatric examinations were conducted routinely. Psychological studies, including intelligence testing and Rorschach investigations, were done on selected patients.

In the absence of a definition of promiscuity which could be used objectively, an arbitrary criterion was set up. The period of time considered was six months immediately preceding registration in the Service. Promiscuous patients included married women who had engaged in any extramarital sexual relations within that period and single women who had had sexual relations with more than one man or with one man more than twice within the same period. Prostitutes were not included.

An analysis was made of 365 female patients, of whom 287 were classified as promiscuous and 78 as potentially so. Eighty per cent were white, 20 per cent were nonwhite. The average age was 20.

Referral of patients to the Service was chiefly from the venereal disease clinic, although other community agencies referred some patients. Female patients in the clinic who were 22 years of age or younger were referred routinely, and those over 22 who were considered by a member of the medical or nursing staff of the clinic to be in need of service were admitted by special referral. The attendance of the patients at the Psychiatric Service was voluntary.

An extensive descriptive and historical work-up, including both social and

personal factors, was made for each patient to determine whether some distinguishing characteristics might be found for promiscuous women. No single factor was found which, in itself, would either denote promiscuity or exclude it, but rather a nonspecific etiology was found. Unsatisfactory familial relationships, often marked by broken homes, and unstable interpersonal relationships were among the basic factors which, although not predetermining promiscuity, occurred frequently enough to suggest a direct relationship to promiscuous behavior. Sex instruction which the patient had received was usually described as being inadequate and unscientific. Conflicts of various types with reference to sex were seen in a majority of patients. Uneven development in physical, emotional, and social maturity within the individual patients was usually noted. The occurrence of neurotic tendencies was frequent, and there were suggestions that promiscuity might be considered as a neurotic equivalent in some cases. Environmental factors such as unsatisfactory living conditions, the absence of community ties, and the making of casual friendships were found often to have contributed to the promiscuous behavior.

Slightly more than one-half of the promiscuous patients were found to be habitually so. In addition, there were groups who had sexual relations on a sustained affectional basis or on an episodic basis. Some patients could not be classified as to the degree of promiscuity.

Among those habitually promiscuous, one-half fell into the *conflicting group*, whose promiscuity was the result of intra-psychic conflicts which were often in the sexual area. Nearly one-fifth were in the *dependent group*, whose promiscuity was an outgrowth of immaturity and undue reliance on others. Another one-fifth were in the *mal-adapted group*, whose sexual behavior was just one example of the activities which are characteristic of the unstable patient who lacks social responsibility and self-restraint. A small percentage fell into the *non-conflictual group*, whose promiscuity seemed to present no conflicts within the patient or between her and her social group.

Response of patients to the services offered was varied. No significant differences were found as to use of service

on basis of age. In general, the proportion of patients who took advantage of services increased as intelligence level rose. When groups of patients of similar intelligence in different racial classifications were compared, no significant differences in use of service were apparent. Approximately one-sixth of patients availed themselves of intensive, prolonged treatment. An additional one-half of patients utilized consultative service. Slightly more than one-third were not interested in service.

Changes observed in patients during the course of treatment suggested that they had benefited from the services given and in particular had reduced their promiscuity. Only 40 per cent of the patients given service could be followed up successfully after six months. The number was too few for conclusive deductions, but among those successfully followed up, 90 per cent were less promiscuous and 50 per cent had entirely ceased sexual relations outside of marriage.

The experience in this project indicates that, for the greater part, services can be used by this group of patients only if readily available in direct connection with the venereal disease clinic. Association of the Psychiatric Service with a venereal disease clinic thus provided unique opportunity to reach patients who do not otherwise avail themselves of the services of community agencies, or in fact as a group are not reached by other agencies. Of particular importance has been the availability of service to patients in meeting the emotional experience associated with venereal disease at a time when anxiety has been aroused by the presence or probability of venereal disease.

It was concluded that psychiatric facilities can be used advantageously in connection with a venereal disease clinic to decrease, modify or eliminate promiscuity and resultant venereal disease among a suitable group of female patients who have been selected carefully and who voluntarily make use of treatment service. In addition, it was recommended that psychiatric treatment should be made available to promiscuous male patients who are in need of counseling.

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